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# **Manual for The Tennessee Target Population Group (TPG) and Clinically Related Group (CRG) Assessments**

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Tennessee Department of Mental Health & Developmental Disabilities  
Office of Managed Care  
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## **INTRODUCTION**

This manual for the Tennessee Target Population Group (TPG) and Clinically Related Group (CRG) is provided to give the reader general background on the TPG/CRG project and to provide specific guidelines on the completion of the TPG/CRG assessment forms. The manual will also serve as a general reference for staff who are coordinating the completion of TPG/CRG assessments at their agencies.

## **BACKGROUND**

A National Institute of Mental Health (NIMH) Work Group met in 1987 and in 1990 to develop definitions for classifying persons with severe and persistent mental illness into groups that more precisely indicate their service needs. Collaborative work by the staff of the New Jersey Division of Mental Health and Hospitals contributed to the development of the clinically related groups. Several states were consulted in developing the Tennessee project and the Tennessee CRG Assessment form. The purpose of the CRG assessment is to provide operational definitions based on Federal guidelines for classifying consumers for use in national, state, regional, and community service planning. There are five adult consumer groups in the model.

The Target Population Group Assessment was created in 1993 by the Tennessee Department of Mental Health and Mental Retardation (later renamed to the Tennessee Department of Mental Health and Developmental Disabilities) as a survey tool to identify children and youth eligible for services under various funding streams. The survey was later revised to become an assessment tool and connected to the acquisition of benefits through the TennCare Partners Program. This was done by classifying children and youth into groups that were linked to the priority and non-priority population groups. The initial TPG Assessment tool offered four child and adolescent groups, but was later revised to eliminate TPG 1 identifying those children in State custody.

## **RELATIONSHIP TO TENNCARE**

The TennCare Partners Program, which oversees the provision of mental health services to TennCare enrollees, is an integral component of the overall TennCare Program. The TennCare Partners Program (TCPP) was implemented on July 1, 1996 and was developed by the Tennessee Department of Mental Health and Developmental Disabilities (TDMHDD) in collaboration with the TennCare Bureau. The TCPP offers mental health and substance abuse services to people enrolled in the TennCare Program, as well as to others who have special needs for these services.

All behavioral health services offered under the TCPP are provided by Behavioral Health Organizations (BHOs) under contract with TDMHDD. The TPG/CRG Assessment aids in highlighting those adults who are Severely and Persistently Mentally Ill (SPMI) and children with Serious Emotional Disturbance (SED) to assist the BHOs in determining eligibility for behavioral health services.

## CONCEPTUAL FRAMEWORK

Three criteria are used to classify children into three TPGs: 1) diagnosis, 2) current severity of impairment, and 3) presence of psychosocial issues that can put the consumer at high risk. Based on the child's diagnosis, Global Assessment of Functioning (GAF), and presence of psychosocial issues, the children are classified into three groups: Group 2) children who have a valid diagnosis and are severely impaired, Group 3) children who do not have a valid diagnosis and/or are not severely impaired and are also at risk of a SED, and Group 4) children who do not have a valid diagnosis and/or are not severely impaired and also are not at risk of a SED.

Four criteria: 1) diagnosis, 2) severity of functional impairment, 3) duration of functional impairment, and 4) need for services to prevent relapse, are used to classify adult individuals into five CRGs. The general approach is to further document that the individual meets criteria for a DSM-IV-TR psychiatric diagnosis and to measure the consumer's level of functional impairment related to this diagnosis. Based on the individual's diagnosis and utilizing information regarding functioning, duration, and need for services to prevent relapse, individuals are then classified into five groups: 1) those whose functioning is recently severely impaired and the impairment has endured over a long period of time; 2) those whose functioning is recently severely impaired with impairment having been for a shorter duration; 3) those whose functioning is not currently severely impaired, but has been severely impaired in the past and who need services to prevent relapse; 4) those whose functioning has not been recently impaired *and are either* not formerly severely mentally ill *or* are formerly severely mentally ill and do not need services to prevent relapse; and 5) those that are not in the clinically related groups 1 - 4 as a result of their diagnosis.

The four domains used in assessing level of functioning are activities of daily living; interpersonal functioning; concentration, task performance, and pace; and adaptation to change.

## TDMHDD'S TPG/CRG POLICIES AND PROCEDURES

### Who Can Complete A TPG/CRG Assessment?

- Agencies designated by TDMHDD can complete the TPG/CRG Assessments. Currently, these include Community Mental Health Agencies and Regional Mental Health Institutes (RMHIs). Each CMHA and RMHI must have a designated TPG/CRG Coordinator.
- Only those individuals trained and approved by TDMHDD or TDMHDD-approved trainers within the agency can complete the Assessment. Only staff members employed by and working for the designated agencies or Masters- and Doctoral-level interns assigned to the designated agencies may complete TPG/CRG Assessments. Staff employed by and working at other associated facilities, which may be operated under a larger umbrella company, may not complete TPG/CRG Assessments.

- Appropriate staff should complete the Assessment. Appropriate staff would include those most familiar with the client's daily functioning. Staff eligible to complete TPG/CRG Assessments must meet the educational/experiential qualifications. For case managers, they must meet the following minimum qualifications:
  - Mental Health Case Managers must have at least a Bachelor's degree in a health-related field of counseling, psychology, social work or sociology, or must be licensed as a nurse. LPNs and individuals with a Bachelor's degree in a field other than those listed above must have a minimum of fifteen (15) college-level semester hours of coursework in behavioral health.

Exceptions to Rater's minimum qualification requirements must be requested in writing to:

**Director, Assessment Unit  
Office of Managed Care  
Department of Mental Health and Developmental Disabilities  
425 5<sup>th</sup> Avenue North  
Cordell Hull Building, 5th Floor  
Nashville, Tennessee 37243**

Application for exception to the minimum requirements for TPG/CRG Raters is included as Appendix L.

## **Training Requirements**

All agencies authorized to provide TPG/CRG Assessments will have trainer(s) approved by TDMHDD. These individuals will be authorized to train and re-train raters within their own agencies to complete TPG/CRG Assessments. Approval of new raters may require verification of documentation that include, but are not limited to:

- Legal Name
- Social Security Number
- Documentation By Agency Regarding Individual's Job Title, Employing Agency, and Assigned Facility
- Highest Educational Degree Earned and Area of Specialty
- Copies of Degree/Diploma
- Tennessee Professional Licensure, Registration or Certification ID number (if applicable)
- Copies of Tennessee License, Registration or Certification (if applicable)

## Train The Trainer (TTT)

Only staff members approved as raters are eligible to attend class and be approved as a trainer. The TTT training will include competency testing and in order to be an approved trainer, staff must demonstrate 75% competency. Each agency will maintain an adequate number of trainers to meet the training needs of raters for their agency to ensure timely completion of TPG/CRG assessments. The TTT training shall be provided by TDMHDD. TDMHDD, its Contractor/BHO, and the agency will maintain a current listing of those staff approved to provide TPG/CRG training and re-training to the agency raters.

The trainer approval will remain effective for two years following a successfully completed competency testing. This approval is valid as long as the trainer remains with an agency authorized by TDMHDD to provide training to the agency raters. TDMHDD retains the right to revoke a trainer's approval at any time due to any serious infractions.

## Rater Training

The TPG/CRG training will include competency testing. Raters must demonstrate 75% competency to receive TDMHDD approval as a rater. Those raters who do not pass the competency test **must** attend re-training and successfully pass the competency testing **prior** to receiving approval by TDMHDD as a rater. TDMHDD must receive training results from the agencies within thirty days of the date of training. The training results shall be detailed on TDMHDD's Rater Training Verification Form (Appendix J) and signed by the trainer and the agency's executive director. Rater re-certification shall be by training and competency testing.

The rater approval will remain effective for two years following a successfully completed training and competency testing. This approval is valid for as long as the rater remains with an agency authorized by TDMHDD to provide TPG/CRG Assessments. TDMHDD retains the right to revoke a rater's approval at any time due to any serious infractions. TDMHDD, its Contractor/BHO, and the agency will maintain a current listing of those staff approved to complete TPG/CRG Assessments.

Any agency newly employing or re-employing a currently approved rater must inform TDMHDD *in writing* prior to any TPG/CRG Assessments being completed by that rater. It is also the responsibility of the employing agency to inform TDMHDD *in writing* of any raters leaving their employment and the rater's last date of service.

The agency shall use the Rater Information Update Form (Appendix K) to notify the following changes to TDMHDD within 30 days:

- Any change in rater's name,
- Employing or re-employing a currently approved rater, and
- Any approved raters leaving their employment along with their last date of service.

## **Monitoring**

TDMHDD and the BHOs shall conduct random site visits to assess the accuracy, reliability, and validity of TPG/CRG Assessments. Appropriate documentation by the agency regarding criteria used in the TPG/CRG Assessment will be monitored. Monitoring will assist TDMHDD and its Contractor/BHO in determining those raters and agencies that are rating consumers with a high level of reliability and validity, and those agencies which are in need of additional training.

TDMHDD and the BHOs shall review a random selection of current and past consumer TPG/CRG Assessments at authorized TPG/CRG agencies. Copies of the TPG/CRG Assessments and written documentation to substantiate all assessment information utilized in completing the TPG/CRG Assessments must be available in the consumer record either in paper or electronic form. The rater's notes should include, at a minimum, documentation which supports the functional assessment and need for services to prevent relapse, or that refers a reviewer to current portions of the clinical record containing such evidence (See Documentation Requirements). It is expected that State and BHO contractual requirements regarding TPG/CRG Assessments will also be met.

TDMHDD and the BHOs, depending on which entity conducted the site visit, will make site visit findings available to the agency. If necessary, the agency will submit a written corrective action plan to TDMHDD or the BHO within the timeframe specified in the audit report delineating strategies to be implemented to comply with TPG/CRG Assessment requirements. TDMHDD or the BHO will monitor implementation and agency adherence to the corrective action plan.

Agencies are not mandated to conduct self-audits. However, it is highly recommended that all agencies develop a system to assess the accuracy, reliability, and validity of TPG/CRG assessments as part of their quality assurance/quality improvement program.

## **Rater/Trainer Database**

TDMHDD shall maintain the database for the TPG/CRG raters and trainers. The updated database will be provided to the BHO and the Bureau of TennCare on or around the 1<sup>st</sup> and 15<sup>th</sup> of each month. Agencies will receive a copy of the current rater/trainer list every quarter. Additional listings may be obtained by contacting the TDMHDD Assessment Unit.

## **Who Should Be Assessed?**

<b>Who:</b>	TennCare Partners Program consumers should be assessed when they meet the "When" criteria listed below for needing an Assessment.
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## When Should an Individual Be Assessed?

### When:

An Assessment should be completed on all TennCare Partners Program consumers who are seeking mental health services, regardless of whether they are in the custody of the State, when they meet any of the following criteria:

➤ **An Assessment is requested**

An Assessment may be requested by a family member, mental health or primary health providers, by TDMHDD, the individual's BHO, the individual's MCO, or by the individual, and must be completed within fourteen calendar days of the request (TDMHDD/BHO Contract).

➤ **Per contract requirements that the BHO has specified with the provider.** Consult with your agency to verify requirements specific to your setting.

➤ **An individual's TPG/CRG status has changed to a degree that would cause a difference in the rating, and it is not yet time for the one-year review.**

## What Should Be Used to Assess an Individual?

### What:

➤ **Adults:**

Consumers aged 18 years and older should be assessed using the Tennessee Clinically Related Group Form (CRG).

➤ **Children and Adolescents:**

Persons who are under the age of 18 years should be assessed using the Tennessee Target Population Group Form (TPG).

### IMPORTANT:

- **An individual must be reassessed at least every twelve months, or sooner if circumstances warrant.**

It is not necessary to complete a TPG/CRG Assessment in the following circumstance:

➤ **Crisis Teams:**

Crisis Teams are not required to complete TPG/CRG Assessments. If the consumer is admitted to your agency or referred to a CMHA, it is assumed that the case manager or primary clinician will conduct a TPG/CRG Assessment.

## **What If A Consumer Refuses or Is Unable To Participate In the Assessment?**

### **Consumer is unwilling/unable to provide the information necessary to complete the Assessment:**

If, due to extenuating circumstances, the consumer is unwilling or unable to provide the necessary information and other information available is minimal, then respond appropriately to the CRG question regarding the adequacy of information. Documentation regarding the circumstances should be clearly noted in the consumer's record, and further attempts should be made to obtain information from other sources, if possible, with a reassessment completed when additional information is received.

### **Consumer refuses to have Assessment completed and/or shared with their BHO or the State:**

If the consumer or the consumer's legal guardian refuses to agree that an Assessment may be completed and/or shared with the individual's BHO or the State, this should be clearly documented in the individual's clinical record. If possible, the consumer or the consumer's legal guardian should sign a document indicating their refusal.

## **Confidentiality**

Each TPG/CRG Assessment agency should obtain a signed consent to release TPG/CRG Assessment information from consumers to their MCO/BHO and the State. The consent to release information can be obtained at the time of intake.

Confidentiality of TPG/CRG Assessments shall be maintained in accordance with the standards of confidentiality of Title 45, Part 160 and 164, Code of Federal Regulations, Title 42, Part 2, Code of Federal Regulations, Title 33, Tennessee Code Annotated.

While the TPG/CRG Assessment is an integral part of determination of SPMI/SED population, **the Assessment alone does not determine the consumer's eligibility status**. TDMHDD and the Bureau of TennCare shall be responsible for verifying the eligibility and for assigning them to and disenrolling them from a BHO (TDMHDD/BHO Contract). The consumer must meet BHO Medical Necessity criteria in order to receive mental health or substance abuse services.

## **Documentation Requirements**

- Copies of all current and past TPG/CRG Assessments must be maintained in the consumer's record in paper or electronic form and available for site visit review.
- Written information regarding any and all case assignment (e.g. therapist, case manager, MD) should be documented in the consumer's record and available for site visit review.

- Written documentation regarding all services provided to each consumer should be documented in the consumer's record and available for site visit review.
- Written documentation in the consumer's record should clearly substantiate all assessment information utilized in completing the TPG/CRG Assessment. The rater's notes at assessment or re-assessment should summarize documentation which supports the Assessment and should refer a reviewer to current (since the last Assessment) portions of the clinical record containing such evidence.
- Any services recommended/reported on the client's most recent TPG/CRG Assessment as necessary in order to prevent relapse should be included in the consumer's current Treatment Plan. Additionally, the recommended/reported services should be utilized within the appropriate timeframes as set forth in the TDMHDD/BHO Contract and/or the BHO/Provider Contract with your agency.
- The TennCare Provider ID number, containing the rater's social security number, and/or legal name should be clearly printed in the space provided on the TPG/CRG Assessment form. Please note that it is required that the rater's social security number be on all electronic and/or paper submissions, however, it is not required on documents located in the consumer's clinical record.)

## **The Sources and The Results**

In completing the Assessment, all practical sources of information should be considered and clearly documented: the consumer, family members, clinical records, etc.

## **When and Where To Send The Assessment**

Staff completing the TPG/CRG Assessment should submit their information to their agency's TPG/CRG coordinator or his/her designee in the manner prescribed by the agency. The agency is responsible for sending the information to the BHO, on a regular basis as specified in the Provider/BHO Contract.

**All completed TPG/CRG forms and/or records should be reviewed for completeness by the agency prior to being sent or coded electronically.**

## INSTRUCTIONS FOR COMPLETING THE TENNESSEE TPG FORM

There are a total of twenty-seven items included in the Tennessee TPG form. Each of these is discussed in more detail as follows.

### Identifying Information

- 1. Type of Assessment:** Check the box next to the applicable item. Initial Assessments are those completed on a consumer for the first time. Correction Assessments are those completed to correct a previously completed and erred TPG. Update Assessments are completed in order to update the information on a consumer. *Update* Assessments include one-year reassessments.
- 2. BHO ID Number:** Enter the number that corresponds with the consumer's BHO. Currently the BHO ID Numbers are:

Premier Behavioral Systems (Premier- Statewide) - 081  
Tennessee Behavioral Health (TBH- Middle & West Regions) - 082  
Tennessee Behavioral Health (TBH – East Region)-082  
Unknown (for TDMHDD use only) - 099

Note: Only enter Unknown (099) code if your agency is unable to determine which BHO the consumer is currently assigned to (e.g. the consumer is applying for TennCare).

- 3. Consumer's Social Security Number:** Enter the consumer's nine-digit social security number (SSN). If possible, verify that the number is correct by asking to see the consumer's Social Security card or driver's license.
  - When a consumer does not have a social security number enter 999-88-7777.
  - When a consumer chooses to not provide you with their social security number enter 999-66-5555.
  - When your agency has the consumer's SSN, but the consumer refuses to sign the "consent to release information form" to TDMHDD, the BHO, or another Payor enter 999-44-3333. Inform the individual that it will not be possible to verify their TennCare eligibility without their correct social security number.
- 4. Consumer's First Name:** Using upper case letters, enter the consumer's first name. If possible, check with the consumer to ensure that the correct name and spelling is being entered.
- 5. Consumer's Middle Initial:** Using an upper case letter, enter the consumer's middle initial. This item may be left blank if the initial is unknown or the individual does not have a middle name.

6. **Consumer's Last Name:** Using upper case letters, enter the consumer's last name. If more than one name is used, enter the consumer's name as it appears on the TennCare card. If the consumer's last name changes, use the consumer's most current name as it appears on the TennCare card.
7. **Consumer's Birth Date:** Enter the consumer's birth date in the MM/DD/CCYY format. Since TPGs are to be conducted only for children, the TDMHDD system will mark the Assessment an error if the birth date indicates that the person is eighteen years or older on the day the Assessment was completed.
8. **Principal Diagnosis:** Enter the exact DSM-IV-TR code for the current principal diagnosis. Leave any additional spaces blank if the DSM-IV-TR code does not use all of the available spaces (e.g. if the diagnosis is Depressive Disorder NOS, enter 311. Do *not* enter 31100 in order to fill all of the spaces).
9. **Dual Principal/Secondary Diagnosis:** Enter the exact DSM-IV-TR code for the current dual principal/secondary diagnosis. Leave any additional spaces blank if the DSM-IV-TR code does not use all of the available spaces.

### Global Assessment of Functioning

Using the DSM-IV-TR GAF Scale, rate the consumer's level of functioning as indicated. Two digit GAF Scores should be entered in the spaces provided preceded by a zero (0).

10. **Consumer's Current GAF:** Enter the consumer's GAF at the time of Assessment. A *Current* GAF Score must be entered.
11. **Consumer's Highest GAF:** Enter the consumer's Highest GAF within the last one-year. If there is no information available to determine Highest GAF in last one year, this item may be left **blank** in an initial assessment. A Highest GAF Score must be entered for all update assessments.
12. **Consumer's Lowest GAF:** Enter the consumer's Lowest GAF within the last one-year. If there is no information available to determine Lowest GAF in last one year, this item may be left **blank** in an initial assessment. A Lowest GAF Score must be entered for all update assessments.
13. **Severity of Impairment:** Referring to the consumer's current GAF (item #10) and the consumer's lowest GAF (item #12) determine if **either** score is lower than fifty-one. Check the appropriate box.
14. **Children with a Serious Emotional Disturbance (SED):** Referring to the principal diagnosis or the dual principal/secondary diagnosis (items # 8 or #9) determine if the diagnosis is valid (excluding: substance use disorders (DSM-IV-TR ranges: 291.00-292.90, 303.00 -305.90), developmental disorders (DSM-IV-TR ranges: 299.00-299.80, 315.00-319.00) or V-codes (DSM-IV-TR range: V15.81-V71.09)) *and* is item # 13 marked "YES". Check the appropriate box.

## High Risk Issues

High Risk Issues are evaluated historically. If the child has met the criteria the appropriate response is “yes.”

**15.Environment Issues:** Has the child experienced residential disruption such as multiple family separations, extended periods of homelessness, failed adoption, out-of-home placement due to emotional disturbance, or is developmentally delayed due to a poor environment? Check the appropriate box.

**16.Family Issues:** Do the child's parents or persons responsible for care have predisposing factors, such as severe and/or persistent mental illness, serious family dysfunction, a history of chronic substance abuse (drug or alcohol), or a history of persistent and severe physical illness or disability which creates significant hardship on the family system or that could result in their inability to make provisions for the ongoing physical, social, or emotional needs of their children? Check the appropriate box.

**17.Trauma Issues:** Has the child experienced a single or multiple physical or psychological traumatic event(s) such as the loss of a parent or being a victim or witness of serious crime or domestic violence? Check the appropriate box.

**18.Social Skills Issues:** Does the child exhibit behavior or maturity that is significantly different from most children their age and which is not the result of developmental disabilities or mental retardation? Check the appropriate box.

**19.Abuse/ Neglect Issues:** Has the child experienced physical, emotional, or sexual abuse or neglect? Check the appropriate box.

**20.Children At Risk Of SED:** Referring to the at-risk issues above (items # 15, # 16, #17, #18, and #19) are any endorsed as “YES”. Check the appropriate box.

**21.Determination of Consumer Group:** Question #21 shows you how to make an assignment to the appropriate clinically related group. Assignment to a clinically related group depends on diagnosis and severity of impairment.

Group 2 - **Persons who have a SED which has resulted in severe functional impairment.** A person whose principal diagnosis or dual-principal/secondary diagnosis is a current, valid DSM-IV-TR psychiatric diagnosis and is severely impaired (“YES” on question #14).

Group 3 - **Persons who are at risk of a SED.** Persons who do not have a current, valid DSM-IV-TR psychiatric diagnosis and/or are not severely impaired (“NO” on question #14) and are at risk of SED (“YES” on question #20).

Group 4 - **Persons who do not meet the criteria of TPG 2 or 3.** Persons who do not have a current, valid DSM-IV-TR psychiatric diagnosis and/or are not severely impaired ("NO" on question #14) and are not at risk of a SED ("NO" on question #20).

**22. Reason for Assessment:** Rater should select and check *one* reason that the TPG Assessment is being completed.

### **Assessment Information**

**23. Date of Request/Circumstance:** Enter the date that the TPG Assessment was requested (e.g. consumer or BHO requested an Assessment) using the MM/DD/CCYY format. This date must be the same as or prior to the date of Assessment (#24).

**24. Date of Assessment:** Enter the date that the TPG Assessment was completed using the MM/DD/CCYY format.

**25. Consumer Information Indicator:** Check the box that best represents the adequacy of the information available to the Rater to assess the consumer's status (minimal, adequate, or substantial).

### **Additional Information**

**26. Program Code:** Indicate the program code for the consumer by checking *one* of the items listed. If uncertain, consult with your agency insurance/billing office regarding the consumer's TennCare Eligibility Category.

**27. Rater's TennCare Provider ID Number:** Enter the information in the spaces provided as indicated below:

First nine (9) digits - The Rater's SSN, used to establish the Rater in the TDMHDD database as an approved Rater.

Next two (2) digits - Location code - a specific two-digit code that designates the site of the agency where the Assessments are conducted. Each agency has their own list of location codes, and submits these to the BHOs. These codes must be consistent for all BHOs.

Next two (2) digits - Service Component - A specific two-digit code that designates the service administered - for TPG Assessments, the two-digit code is F2.

Last two (2) digits - BHO ID Number - A specific two digit code which designates the BHO

**The only items which may be omitted (left blank) are the consumer's middle initial, dual principal/secondary diagnosis if there is not one, and items #11 and #12 only in an initial assessment if there is no information available to determine *Highest and Lowest GAF in last one year*.**

Note: Appendix B provides the current version of the Tennessee TPG form. All agencies designated to conduct TPG Assessments must use the most current version or electronic form approved by TDMHDD.

## THE TENNESSEE CRG FORM

### Overview

The major sections of the Tennessee CRG Form are briefly described below:

#### **Identifying Information:**

This section contains items used for consumer identification purposes and for diagnoses.

#### **Functional Assessment:**

This section contains a five-point Level Of Functioning Scale in each of the four domains. Each of the four scales requires a rating from "1" to "5". Below each scale item, an area is set aside for documentation of information utilized in making the rating decision and for referencing specific pages in the clinical chart where documentation can be found.

#### **Group Determination Criteria:**

There are questions in this section on the Severity of Impairment based on responses to the four functional scales and the Duration of the period of severe impairment. Also, there is an item that asks if the consumer was Formerly Severely Impaired in the past and if mental health services are now needed to Prevent Relapse. It also provides space for the rater to indicate specific services recommended in the individual's treatment plan to be utilized to prevent relapse.

#### **Determination of Consumer Group:**

In this section, the rater selects one of the five clinically related groups based on the responses to the preceding questions. Diagnosis is used as a criterion in determining the appropriate CRG group.

#### **Reason for Assessment:**

In this section, the rater selects one of the listed options based on the reason the Assessment is being completed.

#### **Assessment Information:**

This section identifies the date the Assessment was requested, the date of the Assessment, and the adequacy of the available information used in filling out the form.

#### **Global Assessments of Functioning (GAF):**

The rater is asked to assess the individual on three different criteria using the GAF Scale. The three ratings are: the individual's current functioning and, if known, the individual's highest and lowest levels of functioning within the past one year. There is also space for the rater's notes. The raters should provide the information which describes the circumstances regarding the consumer's lowest level of functioning during the period for which they are assessing (see the

“Rater’s Notes” section of Instructions for Completing the Tennessee CRG Form on page 24 of this manual for more information).

**Additional Information:**

This section identifies the consumer’s program code and TDMHDD’s approved rater.

## **CLASSIFICATION ALGORITHM**

As previously noted, defining and classifying consumers into clinically related groups involves diagnosis, the severity of functional impairment, the duration of severe functional impairment, and need for services to prevent relapse. The following questions are relevant:

- Has the consumer been diagnosed with a psychiatric disorder?
- Has the consumer experienced recent or past periods of severe functional impairment?
- How persistent in duration are the recent periods of severe impairment?
- Does the consumer need services to prevent relapse?

The Tennessee CRG form operationalizes the criteria needed to answer these questions and uses these criteria to classify consumers into one of five clinically related groups. The five clinically related groups are defined as follows:

**Group 1 - Persons with Severe and Persistent Mental Illness:**

Persons in this group are recently severely impaired and the duration of their severe impairment totals six months or longer of the past year.

**Group 2 - Persons with Severe Mental Illness:**

Persons in this group are recently severely impaired and the duration of their severe impairment totals less than six months of the past year.

**Group 3 - Persons who are Formerly Severely Impaired:**

Persons in this group are not recently severely impaired but have been severely impaired in the past and need services to prevent relapse.

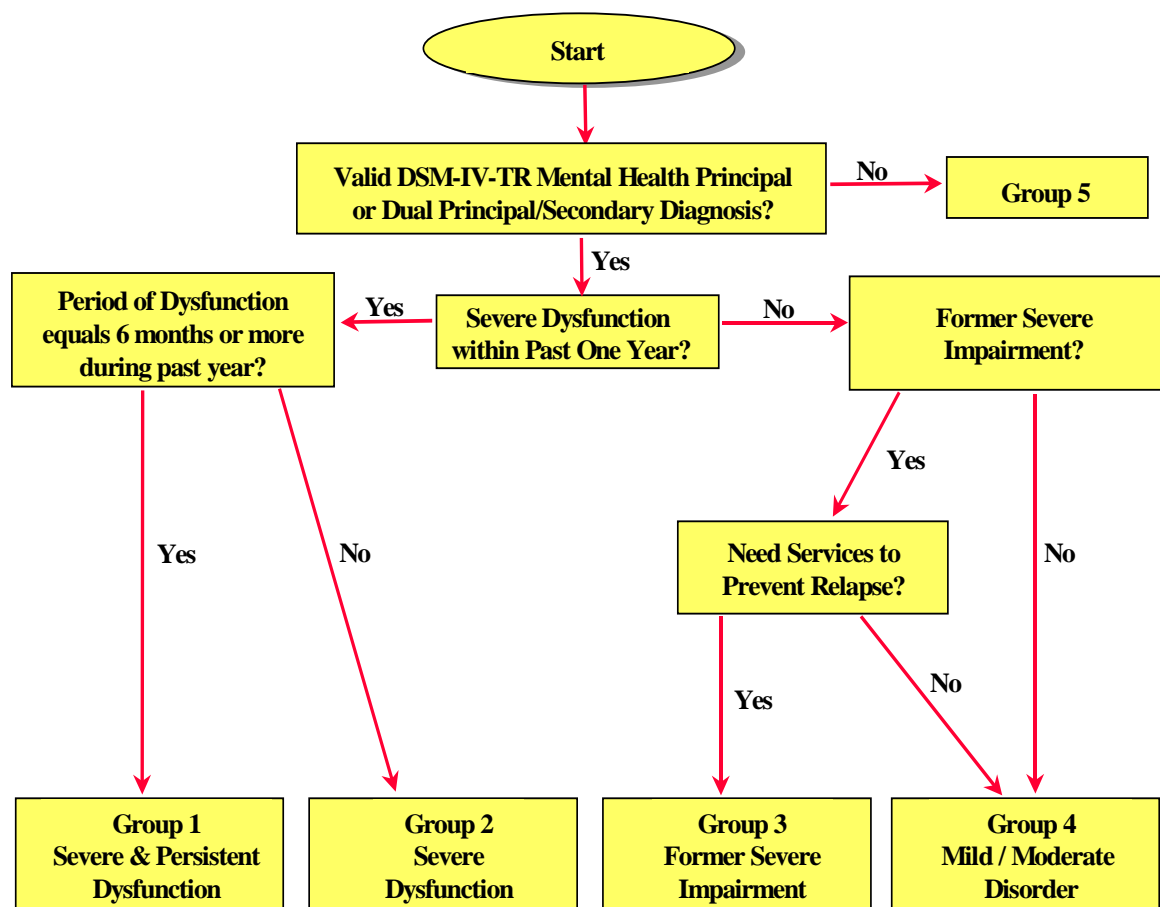
**Group 4 - Persons with Mild or Moderate Mental Disorders:**

Persons in this group are *neither* recently severely impaired *nor* formerly severely impaired or are formerly severely impaired but do not need services to prevent relapse.

**Group 5 - Persons who are not in clinically related groups 1-4 as a result of their diagnosis:**

Persons in this group include those diagnosed with only substance use disorders, developmental disorders or V-codes.

**Figure 1. Flow Chart for Consumer Groups**



## **FIVE CLINICALLY RELATED GROUPS**

The following provides a more detailed description of the Clinically Related Groups.

**Group 1**

**Persons with Severe and Persistent Mental Illness:**

Persons in this group are recently severely impaired and the duration of their severe impairment totals six months or longer of the past year.

These persons are 18 years or older and have been diagnosed with a valid, current DSM-IV-TR diagnosis\*. Their functioning is currently, or in the last year has been, severely impaired and the duration of their impairment totals six months or longer in the past year. These individuals may have needed intermediate or long term inpatient care, though hospitalization is not a requirement for classification into CRG

1. These individuals require constant assistance or supervision with daily living activities such as paying bills, using public transportation, and maintaining a residence. These persons display an inability to relate to others which interferes with their ability to work and their family relationships and usually results in social isolation in the community. Changes in the environment are stressful and may result in further withdrawal or dysfunction in other areas. Support is needed to ensure the person's safety and survival.

**Group2**

**Persons with Severe Mental Illness:**

Persons in this group are recently severely impaired and the duration of their severe impairment totals less than six months of the past year.

These persons are 18 years or older and have been diagnosed with a valid, current DSM-IV-TR diagnosis\*. Their functioning is currently, or in the last one year has been, severely impaired and the duration of their impairment totals less than six months in the past year. These individuals may have needed acute inpatient care, though hospitalization is not a requirement for classification into CRG 2.

These individuals have extensive problems with performing daily routine activities and require frequent assistance. These persons have substantial impairment in their ability to take part in social activities or relationships which often results in social isolation in the community. They have extensive difficulty adjusting to change. Assistance with activities of daily living is necessary to survival in the community. These persons have difficulty completing simple tasks but with assistance could work in a highly supervised setting.

**Group  
3**

**Persons who are Formerly Severely Impaired:**

Persons in this group are not recently severely impaired but have been severely impaired in the past and need services to prevent relapse.

These persons are 18 years or older and have been diagnosed with a valid, current DSM-IV-TR diagnosis\*. Their functioning has not been recently severely impaired (within the last one year) but has been severely impaired in the past, due to mental illness, and they need services to prevent relapse. These individuals generally need long term continued support.

Characteristics of this population may include regular or frequent problems with performing daily routine activities. They may require some supervision although they can survive without it. These persons have noticeable disruption in social relations although they are capable of taking part in a variety of social activities. Inadequate social skills have a serious negative impact on the person's life, however, some social roles are maintained with support. These persons can complete tasks with prompting and help and can function in the workplace with assistance even though the experience may be stressful. There is sometimes

noticeable difficulty in accepting and adjusting to change and the person may require some intervention to cope successfully.

**Group 4**

**Persons with Mild or Moderate Mental Disorders:**

Persons in this group are *neither* recently severely impaired *nor* formerly severely impaired *or* are formerly severely impaired but do not need services to prevent relapse.

These persons are 18 years or older and have been diagnosed with a valid, current DSM-IV-TR diagnosis\*, but are *neither* recently severely impaired *nor* formerly severely impaired *or* are formerly severely impaired but do not need services to prevent relapse. These individuals primarily need access to outpatient services.

An individual in this group may have occasional problems performing daily routine activities and could benefit from some assistance. They are at least partially integrated into their community, use natural supports, and when engaged, participate in appropriate interaction with others. Even though there may be some impairment when relating to others, this does not affect the person's other areas of life. These persons may have occasional difficulty concentrating but can complete tasks with assistance. They may need support when adapting to change.

**Group 5**

**Persons who are not in clinically related groups 1-4 as a result of their diagnosis(es):**

Persons in this group include those diagnosed with *only* substance use disorders, developmental disorders and/or V-codes.

These persons are 18 years or older and have not been diagnosed with a psychiatric disorder. All of their diagnosis(es) are included in the categories of substance use disorders (DSM-IV-TR ranges: 291.0 - 292.9, 303.00 - 305.90), developmental disorders (DSM-IV-TR ranges: 299.00 - 299.80, 315.00 - 319) or V-Codes (DSM-IV-TR range: V15.81 - V71.09).

\* A valid, current DSM-IV-TR diagnosis is a term used in identifying diagnoses used in the determination of CRG Group 1 through CRG Group 4, and is a diagnosis that is *not* included in the categories of substance use disorders (DSM-IV-TR ranges: 291.0 - 292.9, 303.00 - 305.90), developmental disorders (DSM-IV-TR ranges 299.00 - 299.80, 315.00 - 319) or V-Codes (DSM-IV-TR range: V15.81 - V71.09). Persons with a *valid, current DSM-IV-TR diagnosis* may include those persons diagnosed concurrently with a valid, current DSM-IV-TR diagnosis and a diagnosis included in the categories noted above (e.g. a person with a valid, current DSM-IV-TR diagnosis may be dually diagnosed with Major Depression and Mild Mental Retardation). This determination is based on the definition of Adults with a Serious Mental Illness from the Substance Abuse and Mental Health Services Administration, Center for Mental Health Services published in the Federal Register.

## INSTRUCTIONS FOR COMPLETING THE TENNESSEE CRG FORM

There are a total of twenty-seven items included in the Tennessee CRG form. Each of these are discussed in more detail as follows:

### Identifying Information

**1. Type of Assessment:** Check the box next to the applicable item. *Initial Assessments* are those completed on a consumer for the first time during the time the case is active. *Correction Assessments* are those completed to correct a previously completed and erred CRG. *Update Assessments* are completed in order to update the information on a consumer. Update Assessments include 12-month reassessments.

**2. BHO ID Number:** Enter the number that corresponds with the consumer's BHO. Currently the BHO ID Numbers are:

Premier Behavioral Systems (Premier- Statewide) - 081  
Tennessee Behavioral Health (TBH- Middle & West Regions) - 082  
Tennessee Behavioral Health (TBH – East Region) - 082  
Unknown (for TDMHDD use only) - 099

Note: Only enter Unknown (099) code if your agency is unable to determine through TennCare the BHO the consumer is currently assigned to (e.g. the consumer is applying for TennCare).

**3. Consumer's Social Security Number:** Enter the consumer's nine-digit social security number (SSN). If possible, verify that the number is correct by asking to see the consumer's Social Security card or driver's license.

- When a consumer does not have a social security number enter 999-88-7777.
- When a consumer chooses to not provide you with their social security number enter 999-66-5555.
- When your agency has the consumer's SSN, but the consumer refuses to sign the "consent to release information form" to TDMHDD, the BHO, or another payor enter 999-44-3333. Inform the individual that it will not be possible to verify their TennCare eligibility without their correct social security number.

**4. Consumer's First Name:** Using upper case letters, enter the consumer's first name. If possible, check with the consumer to ensure that the correct name and spelling is being entered.

**5. Consumer's Middle Initial:** Using an upper case letter, enter the consumer's middle initial. This item may be left blank if the initial is unknown or the individual does not have a middle name.

6. **Consumer's Last Name:** Using upper case letters, enter the consumer's last name. If more than one name is used, enter the consumer's name as it appears on the TennCare card. If the consumer's last name changes due to marriage, divorce, etc., submit re-assessments using the consumer's most **current** name as it appears on the TennCare card.
7. **Consumer's Birth Date:** Enter the consumer's birth date in the MM/DD/CCYY format, e.g. 01/01/1970 for January 1, 1970. Since CRGs are to be conducted only for adults, the TDMHDD system will mark the Assessment in error if the birth date indicates that the person is less than eighteen years of age on the day the Assessment was completed.
8. **Principal Diagnosis:** Enter the DSM-IV-TR code *exactly* for the current principal diagnosis. Leave any additional spaces blank if the DSM-IV-TR code does not use all of the available spaces (e.g. if the diagnosis is Depressive Disorder NOS, enter 311. Do *not* enter 31100 in order to fill all of the spaces).
9. **Dual Principal/Secondary Diagnosis:** Enter the DSM-IV-TR code *exactly* for the current dual principal/secondary diagnosis. Leave any additional spaces blank if the DSM-IV-TR code does not use all of the available spaces.

### **Functional Assessment Scales (#10 - #13)**

In completing the four functional assessments scales (#10-#13), focus on the consumer's lowest level of functioning during the past year. The four functional scales should describe the level of impairment due to mental illness, using

- 1 for extreme dysfunction,
- 2 for marked dysfunction,
- 3 for moderate dysfunction,
- 4 for mild dysfunction, or
- 5 for none.

Refer to Appendix A, "Additional Guidelines for Assessing Level of Functioning", for the expanded criteria for each scale.

Below each scale item, an area is set aside for documentation of information utilized in making the rating decision or for referencing specific pages in the clinical record where documentation can be found (e.g. "see case note dated 6/11/02", "unable to maintain hygiene", "holds full time job without difficulty"). Documentation on the CRG form does not negate the clinical responsibility for maintaining well-documented case records for the consumer. All information noted on the CRG should also be noted within the client record during the appropriate period prior to Assessment.

Each functional domain is described below:

- 10. Activities of Daily Living:** Include activities such as cleaning; shopping; taking public transportation; paying bills; maintaining a residence; grooming and hygiene; using telephones and directories; using a post office; etc. Also taken into account is the individual's independence, appropriateness, and effectiveness in executing these skills, as well as the ability to initiate and participate in such activities without supervision or direction.
- 11. Interpersonal Functioning:** Capacity to interact appropriately and communicate effectively with others and get along with family and community. Deficits are reflected in history of altercations; evictions or firings; fear of strangers; avoidance of interpersonal relationships and social isolation. Strengths are reflected in ability to initiate social contact and to participate actively in groups, cooperative behavior, and consideration of and sensitivity to others' feelings.
- 12. Concentration, Task Performance, and Pace:** Ability to sustain focused attention for long enough time to permit the completion of tasks commonly found in work settings or other structured situations in school and home. Deficits are reflected in inability to concentrate and/or complete simple tasks within required time; committing frequent errors; or requiring assistance in completing such tasks.
- 13. Adaptation to Change:** Ability to cope with stressful circumstances associated with work, school, family, or social interaction. Deficits are reflected when any unexpected environmental change causes agitation; exacerbation of signs and symptoms associated with the illness; or withdrawal from the stressful situation.

#### **Group Determination Criteria (#14 - #17)**

- 14. Severity of Impairment:** Any of the following four patterns of responses to Questions #10 to #13 will indicate "YES," the consumer was severely impaired within the last year:

**Moderate (3)** impairment in all four areas (3, 3, 3, 3) OR

**Moderate (3)** impairment in three areas and **Extreme (1)** or **Marked (2)** in one area (3, 3, 3, 1) or (3,3,3,2) OR

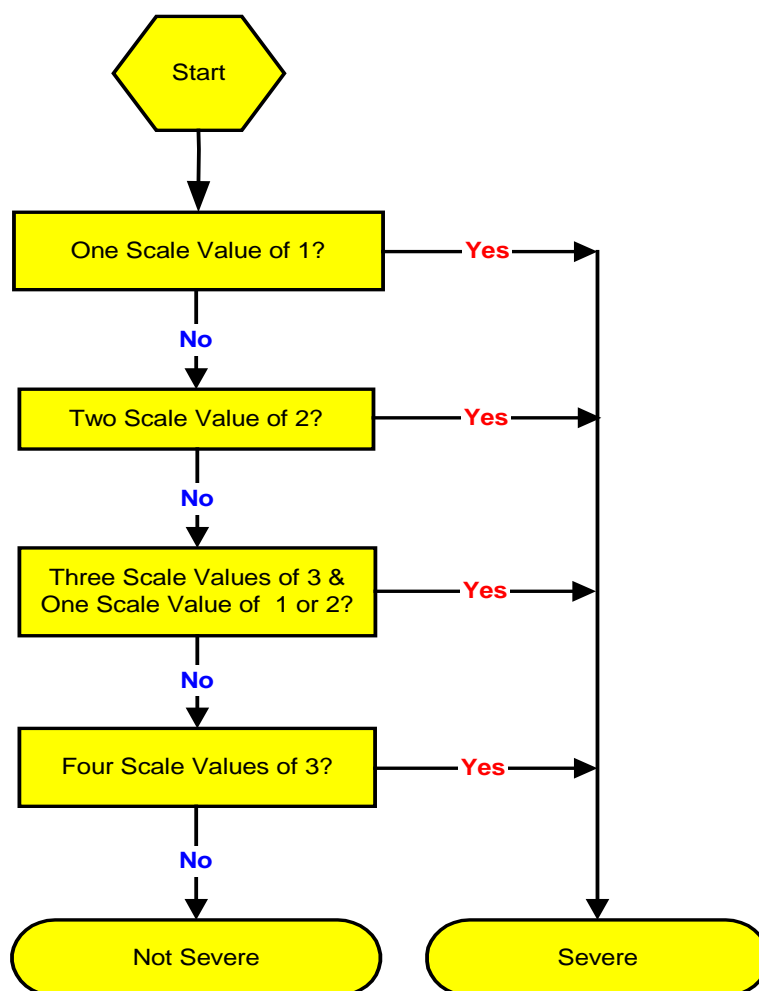
**Marked (2)** impairment in at least two areas (eg., 2, 2, 5, 4) OR

**Extreme (1)** impairment in at least one area (eg., 1, 2, 3, 4)

If Severity of Impairment is marked "YES" then the rater should go to Question #15.

If Severity of Impairment is marked "NO" then the rater should skip Question #15 (leave it blank) and Go to Question #16.

Figure 2 below illustrates this algorithm.



**15. Duration:** This item should be answered only if there was a recent period of severe impairment ("YES" to Question #14 on Severity). Answer "YES" to this question if the recent period of severe impairment lasted for a total of **six months or longer** during the past year. The period of six months need not be consecutive; the severe impairment could come and go, but must total at least six months out of the past year to answer "YES." Answer "NO" to this question if the consumer did not experience a cumulative six-month period of severe dysfunction in the past year.

After answering this Question, regardless of the response, the rater should go to #18 (skip Questions #16 and #17 - leave both blank).

**16. Formerly Severe:** If the consumer has not experienced a period of severe dysfunction in the last year ("NO" to #14), then indicate if the consumer has experienced periods of severe impairment at anytime in the past.

If Formerly Severe is marked "YES" then the rater should go to Question #17.  
If Formerly Severe is marked "NO" then the rater should skip Question #17 (leave it blank) and go to #18.

**17. Needs Services to Prevent Relapse:** If the consumer has had periods of severe dysfunction due to mental illness in the past ("YES" to #16), does the person need services from a mental health provider to prevent relapse? If "YES", indicate in the space provided the service(s) recommended in the consumer's treatment plan. (For additional information, please refer to Appendix D "Covered Behavioral Health Benefits.")

### **Determination of Consumer Group**

**18. Determination of Consumer Group:** Question #18 shows you how to make an assignment to the appropriate clinically related group. Assignment to a clinically related group depends on diagnosis, the recent presence and the duration of severe impairment, past severe impairment due to mental illness and/or on the need for services to prevent relapse.

Raters should first review the consumer's diagnosis(es) to evaluate if the consumer diagnostically falls into CRG Group 5. If all of the diagnoses indicated fall into the noted categories/values listed under the criteria for Group 5, then the CRG falls into Group 5. If the consumer *either* does not have a diagnosis that falls into the Group 5 ranges, **or** has a diagnosis in the Group 5 ranges and another diagnosis that falls outside the noted ranges, then the rater should follow the directions and criteria listed for each of the CRG Groups until a match is made.

### **Reason for Assessment**

**19. Reason for Assessment:** Rater should select and check *one* reason that the CRG Assessment is being completed.

### **Assessment Information**

**20. Date of Request/Circumstance:** Enter the date that the CRG Assessment was requested (e.g. consumer or BHO requested an Assessment) using the MM/DD/CCYY format. This date must be the same as or prior to the date of Assessment (#21).

**21. Date of Assessment:** Enter the date that the CRG Assessment was completed using the MM/DD/CCYY format.

**22. Consumer Information Indicator:** Check the box that best represents the adequacy of the information available to the rater to assess the consumer's status (minimal, adequate, or substantial).

## Global Assessment of Functioning

Using the DSM-IV-TR GAF Scale, rate the consumer's level of functioning as indicated. Two digit GAF Scores should be entered in the spaces provided preceded by a zero (0).

**23. Consumer's Current GAF:** Enter the consumer's GAF at the time of Assessment. A *Current* GAF Score must be entered.

**24. Consumer's Highest GAF:** Enter the consumer's Highest GAF within the last one-year. If there is no information available to determine Highest GAF in last one year, this item may be left **blank** in an initial assessment. A Highest GAF Score must be entered for all update assessments.

**25. Consumer's Lowest GAF:** Enter the consumer's Lowest GAF within the last one-year. If there is no information available to determine Lowest GAF in last one year, this item may be left **blank** in an initial assessment. A Lowest GAF Score must be entered for all update assessments.

**Rater's Notes:** Additional space given for notes regarding the Assessment. The rater's notes should include, at a minimum, documentation which supports the functional assessment and that refers a reviewer to portions of the clinical record containing such evidence (See "Documentation Requirements" under "CRG Policies").

## Additional Information

**26. Program Code:** Indicate the program code for the consumer by checking *one* of the items listed. If uncertain, consult with your agency insurance/billing office regarding the consumer's TennCare Eligibility Category.

**27. Rater's TennCare Provider ID Number:** Enter the information in the spaces provided as indicated below:

First nine (9) digits -	The rater's SSN, used to establish the rater in the TDMHDD database as an approved rater.
Next two (2) digits -	Location code - a specific two-digit code that designates the site of the agency where the Assessments are conducted. Each agency has their own list of location codes, and submits these to the BHOs. These codes must be consistent across the BHOs.
Next two (2) digits -	Service Component - A specific two-digit code that designates the service administered - for CRG Assessments, the two digit code is 51.
Last two (2) digits -	BHO ID Number - A specific two digit code which designates the BHO

**The only items which may be omitted (left blank) are the consumer's middle initial, dual primary/secondary diagnosis if there is not one, questions # 15, #16, and/or #17 (if instructed to skip these items after answering previous questions), and items #24 and #25 only in an initial assessment if there is no information available to determine *Highest and Lowest GAF* in last one year.**

Note: Appendix C provides the current version of the Tennessee CRG form. All agencies designated to conduct CRG Assessments must use the most current or electronic form approved by TDMHDD.

## **GLOBAL RATING PROBLEMS**

### **1. Lowest Level of Functioning:**

The Functional Assessment Scales (Questions #10 - #13) refer to the lowest level of functioning during the past year. This is important for correctly identifying Group 2 individuals. A consumer may not have been severely impaired in the last two weeks or when you last met with the consumer. However, he or she may have had a brief period of severe impairment four months ago that lasted about a month. In that case, he or she would meet the Group 2 criteria. Failure to recognize the brief period of severe functioning would lead to an incorrect Group 3 classification. When assessing the consumer's level of functioning, consider the entire one-year previous to and including the day of Assessment and rate the lowest level of functioning that occurred within this one-year period.

### **2. Hospitalization:**

Determination of the severity of functional impairment (Question #14) must be based on the responses to the Functional Assessment Scales (Questions #10 to #13). Note that a consumer does not need to be hospitalized in order to meet the severity criteria. Periods of hospitalization are very likely indicators of severe impairment. However, the absence of hospitalization does not always indicate the absence of severe impairment. One can experience severe impairment but not be hospitalized.

### **3. Duration of Period of Severe Functioning:**

Duration in Question #15 refers to the periods of severe impairment identified in the previous four Functional Assessment questions. After identifying the lowest level of functioning during the past year, the duration question asks how long that period and other periods of severe impairment in functioning lasted. If the period of severe impairment lasted continuously for a year, the answer is "YES." If several periods of severe impairment accumulated to six months or more during the past year, the answer is "YES." If the period of severe impairment did not accumulate to at least six months during the past year, the answer is "NO". In other words, this question asks if the cumulative periods of severe impairment lasted the majority of the previous year, i.e. six months or more.

#### **4. Social Security Disability Benefits:**

Many consumers will be known to receive Social Security. Receipt of SSI benefits does not automatically mean that the consumer should be assigned to Group 1 (Severe and Persistent). It is possible that the consumer could be a Group 2 or Group 3. Follow the rating form to determine the appropriate group.

### **PROBLEMS IN DETERMINING NEED FOR SERVICES TO PREVENT RELAPSE**

#### **1. Services to Prevent Relapse:**

Many consumers need mental health services to prevent relapse. Identify any services that will be utilized to prevent the consumer's relapse into serious functional impairment. In the space provided on the CRG form, note those services included in the consumer's current treatment plan that will be utilized in the prevention of the consumer's relapse during the time period following the Assessment.

#### **2. Treatment Plan:**

Any service indicated as necessary to prevent relapse for the consumer should be part of the consumer's current treatment plan and should be services that are actively utilized.

### **ERROR REPORTS AND ASSESSMENT RESULTS**

The TPG/CRG Assessments are submitted to the BHOs. Each agency submits assessments completed at their facility as a combination of alpha (letters) and numeric (numbers) coding. This coding is based on the responses on the assessment and the established Information Systems guidelines (See Appendix E "TPG/CRG Record Layout" and Appendix F "TPG/CRG Error Record Layout"). The coded information is then submitted to the appropriate BHO and checked for errors. There are a number of errors possible, as the information is checked for a variety of reasons, including: to see if it was correctly completed, if calculations and decision matrices were correctly computed, if the consumer information cross-checks with the BHO's and the State's information, and to see if the provider (rater) is approved. Any one of these errors will result in the data being returned to the agency for correction and resubmission. Each record returned is given an error code which aids the agency in identifying the source of the error. A complete listing of the TPG/CRG Error Codes and a brief description of each is included in this manual (See Appendix G and Table 1 and 2).

It is vitally important, therefore, that the assessment forms be completed as accurately as possible. Raters should closely follow the instructions on the TPG/CRG forms and in this manual. Additionally, the CRG Data Dictionary (See Appendix H) contains information that will assist in the submission of error-free records and in understanding error codes in the event that a record is returned for correction. It is also very important that the data be entered correctly into the computer for electronic submission.

The following tables show common errors and potential reasons for errors. Please note that not all errors are due to rater mistakes. For example, TPG/CRG errors may be due to incorrect data entry for electronic submission, agency, BHO, TCPP and/or TennCare

database errors, or as a safety mechanism to avoid consumer losing benefits. It is important that all possibilities be checked for each error in order to rule out any other problems when the record is returned for correction. Each returned assessment should be examined after an error is corrected, as some changes may alter other portions of the assessment.

Table 1 is not an exhaustive list of TPG errors or reasons for errors. Each BHO may have an additional list of TPG Errors, specific to their error edit programs, which checks more closely for correct data.

**Table 1: TPG errors**

**Table of Common TPG Errors**

<b>Error Code</b>	<b>Edit Error Message</b>	<b>Common Reasons for Errors</b>
<b>T01</b>	<b>Invalid Record Type</b>	<ul style="list-style-type: none"> <li>• Incorrect data entry</li> </ul>
<b>T02</b>	<b>Invalid Action Code</b>	<ul style="list-style-type: none"> <li>• left blank</li> <li>• incorrect data entry</li> </ul>
<b>T03</b>	<b>Invalid BHO Number</b>	<ul style="list-style-type: none"> <li>• left blank</li> <li>• incorrect BHO number entered</li> <li>• incorrect data entry</li> </ul>
<b>T04</b>	<b>Invalid Consumer SSN (Current)</b>	<ul style="list-style-type: none"> <li>• left blank</li> <li>• incorrect data entry</li> </ul>
<b>T05</b>	<b>First/Last Name Missing</b>	<ul style="list-style-type: none"> <li>• left blank</li> <li>• incorrect data entry</li> </ul>
<b>T06</b>	<b>Invalid Date of Birth (Current)</b>	<ul style="list-style-type: none"> <li>• left blank</li> <li>• incorrect date entered</li> <li>• incorrect data entry</li> </ul>
<b>T07</b>	<b>DOB (current) not LE 17 years</b>	<ul style="list-style-type: none"> <li>• consumer was not less than or seventeen years old on date of Assessment</li> <li>• incorrect data entry</li> </ul>
<b>T08</b>	<b>Invalid Principal Diagnosis</b>	<ul style="list-style-type: none"> <li>• diagnosis coding not from DSM-IV (e.g. includes zeros instead of blanks)</li> <li>• diagnosis coding incorrect (e.g. no known diagnosis for code given, perhaps transposed numbers)</li> <li>• left blank</li> <li>• incorrect data entry</li> </ul>
<b>T09</b>	<b>Invalid Secondary Diagnosis</b>	<ul style="list-style-type: none"> <li>• see T08 error above</li> </ul>
<b>T10</b>	<b>Invalid GAF Current</b>	<ul style="list-style-type: none"> <li>• Current GAF left blank</li> <li>• GAF not preceded by zero (e.g. 075)</li> <li>• incorrect data entry</li> </ul>
<b>T11</b>	<b>Invalid GAF Highest</b>	<ul style="list-style-type: none"> <li>• GAF not preceded by zero (e.g. 075)</li> <li>• incorrect data entry</li> </ul>
<b>T12</b>	<b>Invalid GAF Lowest</b>	<ul style="list-style-type: none"> <li>• GAF not preceded by zero (e.g. 075)</li> <li>• incorrect data entry</li> </ul>

<b>T13</b>	<b>Invalid Severity of Impairment</b>	<ul style="list-style-type: none"> <li>• left blank</li> <li>• incorrect data entry</li> </ul>
<b>T14</b>	<b>Invalid Children with SED</b>	<ul style="list-style-type: none"> <li>• left blank</li> <li>• incorrect data entry</li> </ul>
<b>T15</b>	<b>Invalid Environment Issues</b>	<ul style="list-style-type: none"> <li>• left blank</li> <li>• incorrect data entry</li> </ul>
<b>T16</b>	<b>Invalid Family Issues</b>	<ul style="list-style-type: none"> <li>• left blank</li> <li>• incorrect data entry</li> </ul>
<b>T17</b>	<b>Invalid Trauma Issues</b>	<ul style="list-style-type: none"> <li>• left blank</li> <li>• incorrect data entry</li> </ul>
<b>T18</b>	<b>Invalid Social Skills Issues</b>	<ul style="list-style-type: none"> <li>• left blank</li> <li>• incorrect data entry</li> </ul>
<b>T19</b>	<b>Invalid Abuse/Neglect Issues</b>	<ul style="list-style-type: none"> <li>• left blank</li> <li>• incorrect data entry</li> </ul>
<b>T20</b>	<b>Invalid At Risk of SED</b>	<ul style="list-style-type: none"> <li>• left blank</li> <li>• incorrect data entry</li> </ul>
<b>T21</b>	<b>Invalid Determined TPG</b>	<ul style="list-style-type: none"> <li>• left blank</li> <li>• incorrect data entry</li> </ul>
<b>T22</b>	<b>Invalid Reason for Assessment</b>	<ul style="list-style-type: none"> <li>• left blank</li> <li>• incorrect data entry</li> </ul>
<b>T23</b>	<b>Invalid Date of Request</b>	<ul style="list-style-type: none"> <li>• did not enter full date</li> <li>• date is wrong</li> <li>• date of request is later than date of Assessment</li> <li>• date of request is later than date of submission</li> <li>• left blank</li> <li>• incorrect data entry</li> </ul>
<b>T24</b>	<b>Invalid Date of Assessment</b>	<ul style="list-style-type: none"> <li>• did not enter full date</li> <li>• date is wrong</li> <li>• date of Assessment is later than date of submission</li> <li>• left blank</li> <li>• incorrect data entry</li> </ul>
<b>T25</b>	<b>Invalid Adequate Information</b>	<ul style="list-style-type: none"> <li>• left blank</li> <li>• incorrect data entry</li> </ul>
<b>T26</b>	<b>Missing TennCare Provider Number</b>	<ul style="list-style-type: none"> <li>• left blank</li> <li>• incorrect data entry</li> </ul>
<b>T27</b>	<b>Invalid TennCare Provider Number</b>	<ul style="list-style-type: none"> <li>• incorrect/invalid rater SSN</li> <li>• incorrect/invalid location code</li> <li>• incorrect service component (for TPG should be "F2")</li> <li>• incorrect/invalid BHO</li> </ul>

		<ul style="list-style-type: none"> <li>• left blank</li> <li>• incorrect data entry</li> </ul>
<b>T28</b>	<b>Invalid Program Code</b>	<ul style="list-style-type: none"> <li>• left blank</li> <li>• incorrect data entry</li> </ul>
<b>T29</b>	<b>Invalid TPG=2, for Principal / Secondary Diagnosis</b>	<ul style="list-style-type: none"> <li>• incorrect diagnosis(es) for TPG 2 (e.g. Substance Abuse diagnosis only)</li> <li>• incorrect data entry</li> </ul>
<b>T30</b>	<b>Invalid TPG=3, for Principal / Secondary Diagnosis</b>	<ul style="list-style-type: none"> <li>• incorrect diagnosis(es) for TPG 3 (e.g. Substance Abuse diagnosis only)</li> <li>• incorrect data entry</li> </ul>
<b>T31</b>	<b>Invalid TPG=4, for Principal / Secondary Diagnosis</b>	<ul style="list-style-type: none"> <li>• incorrect diagnosis(es) for TPG 4 (e.g. Substance Abuse diagnosis only)</li> <li>• incorrect data entry</li> </ul>
<b>T32</b>	<b>Invalid Principal / Secondary Diagnosis for Child with SED</b>	<ul style="list-style-type: none"> <li>• incorrect diagnosis(es) for Child with SED (e.g. Substance Abuse diagnosis only)</li> <li>• incorrect data entry</li> </ul>
<b>T33</b>	<b>GAF Score is <u>not</u> Lower Than 51 <u>Cannot</u> be Group 2</b>	<ul style="list-style-type: none"> <li>• GAF score is 51 or higher for TPG 2</li> <li>• incorrect data entry</li> </ul>
<b>T34</b>	<b>Incorrect Match to TDMHDD Provider Master File</b>	<ul style="list-style-type: none"> <li>• incorrect rater SSN</li> <li>• rater not approved by TDMHDD</li> <li>• rater approved but not in the TDMHDD database</li> <li>• entered Agency EIN number instead of rater SSN</li> <li>• location code incorrect/invalid</li> <li>• incorrect data entry</li> </ul>
<b>T35</b>	<b>Incorrect Match to TennCare Master File by SSN or Name or DOB</b>	<ul style="list-style-type: none"> <li>• information about consumer does not match TennCare information</li> </ul>
<b>T36</b>	<b>TPG Assessment Determination Code (#21) will result in Loss of Benefits</b>	<ul style="list-style-type: none"> <li>• TPG will result in consumer moving from TPG 2 (Priority Population) to TPG 3 or 4 (Non-priority Population).</li> </ul>
<b>T37 – T49</b>	<b>Error Codes not used at this time</b>	

Table 2 is not an exhaustive list of CRG errors or reasons for errors. Each BHO may have an additional list of CRG errors, specific to their error edit programs, which checks more closely for correct data.

**Table 2: CRG errors**

**Table of Common CRG Errors**

<b>Error Code</b>	<b>Edit Error Message</b>	<b>Common Reasons for Errors</b>
<b>C01</b>	<b>Invalid Record Type</b>	<ul style="list-style-type: none"> <li>• incorrect data entry</li> </ul>
<b>C02</b>	<b>Invalid Action Code</b>	<ul style="list-style-type: none"> <li>• left blank</li> <li>• incorrect data entry</li> </ul>
<b>C03</b>	<b>Invalid BHO Number</b>	<ul style="list-style-type: none"> <li>• left blank</li> <li>• incorrect BHO number entered</li> <li>• incorrect data entry</li> </ul>
<b>C04</b>	<b>Invalid Consumer SSN (Current)</b>	<ul style="list-style-type: none"> <li>• left blank</li> <li>• incorrect data entry</li> </ul>
<b>C05</b>	<b>First/Last Name Missing</b>	<ul style="list-style-type: none"> <li>• left blank</li> <li>• incorrect data entry</li> </ul>
<b>C06</b>	<b>Invalid Date of Birth (Current)</b>	<ul style="list-style-type: none"> <li>• left blank</li> <li>• incorrect date entered</li> <li>• incorrect data entry</li> </ul>
<b>C07</b>	<b>DOB (current) not GE 18 years</b>	<ul style="list-style-type: none"> <li>• consumer was not yet eighteen years old on date of Assessment</li> <li>• incorrect data entry</li> </ul>
<b>C08</b>	<b>Invalid Principal Diagnosis</b>	<ul style="list-style-type: none"> <li>• diagnosis coding not from DSM-IV-TR (e.g. includes zeros instead of blanks)</li> <li>• diagnosis coding incorrect (e.g. no known diagnosis for code given, perhaps transposed numbers)</li> <li>• left blank</li> <li>• incorrect data entry</li> </ul>
<b>C09</b>	<b>Invalid Secondary Diagnosis</b>	<ul style="list-style-type: none"> <li>• see C08 error above</li> </ul>
<b>C10</b>	<b>Invalid GAF Current</b>	<ul style="list-style-type: none"> <li>• Current GAF left blank</li> <li>• GAF not preceded by zero (e.g. 075)</li> <li>• incorrect data entry</li> </ul>
<b>C11</b>	<b>Invalid GAF Highest</b>	<ul style="list-style-type: none"> <li>• GAF not preceded by zero (e.g. 075)</li> <li>• incorrect data entry</li> <li>•</li> </ul>
<b>C12</b>	<b>Invalid GAF Lowest</b>	<ul style="list-style-type: none"> <li>• GAF not preceded by zero (e.g.</li> </ul>

		075) • incorrect data entry
<b>C13</b>	<b>Invalid Activities of Daily Living</b>	• left blank • incorrect data entry
<b>C14</b>	<b>Invalid Interpersonal Functioning</b>	• left blank • incorrect data entry
<b>C15</b>	<b>Invalid Concentration/Task</b>	• left blank • incorrect data entry
<b>C16</b>	<b>Invalid Adaptation to Change</b>	• left blank • incorrect data entry
<b>C17</b>	<b>Invalid Severe Impairment</b>	• left blank • incorrect data entry
<b>C18</b>	<b>Invalid Duration</b>	• incorrect data entry
<b>C19</b>	<b>Invalid Former Impairment</b>	• incorrect data entry
<b>C20</b>	<b>Invalid Needs Services to Prevent Relapse</b>	• incorrect data entry
<b>C21</b>	<b>Invalid Determined CRG</b>	• left blank • incorrect data entry
<b>C22</b>	<b>Invalid Reason for Assessment</b>	• left blank • incorrect data entry
<b>C23</b>	<b>Invalid Date of Request</b>	• did not enter full date • date is wrong • date of request is later than date of Assessment • date of request is later than date of submission • left blank • incorrect data entry
<b>C24</b>	<b>Invalid Date of Assessment</b>	• did not enter full date • date is wrong • date of Assessment is later than date of submission • left blank • incorrect data entry
<b>C25</b>	<b>Invalid Adequate Information</b>	• left blank • incorrect data entry
<b>C26</b>	<b>Missing TennCare Provider Number</b>	• left blank • incorrect data entry
<b>C27</b>	<b>Invalid TennCare Provider</b>	• incorrect/invalid rater SSN

	<b>Number</b>	<ul style="list-style-type: none"> <li>• incorrect/invalid location code</li> <li>• incorrect service component (for CRG should be “51”)</li> <li>• incorrect/invalid BHO</li> <li>• left blank</li> <li>• incorrect data entry</li> </ul>
<b>C28</b>	<b>Invalid Program Code</b>	<ul style="list-style-type: none"> <li>• left blank</li> <li>• incorrect data entry</li> </ul>
<b>C29</b>	<b>Invalid CRG=1, for Principal / Secondary Diagnosis</b>	<ul style="list-style-type: none"> <li>• incorrect diagnosis(es) for CRG 1 (e.g. Substance Abuse diagnosis only)</li> <li>• incorrect data entry</li> </ul>
<b>C30</b>	<b>Invalid CRG=2, for Principal / Secondary Diagnosis</b>	<ul style="list-style-type: none"> <li>• incorrect diagnosis(es) for CRG 2 (e.g. Substance Abuse diagnosis only)</li> <li>• incorrect data entry</li> </ul>
<b>C31</b>	<b>Invalid CRG=3, for Principal / Secondary Diagnosis</b>	<ul style="list-style-type: none"> <li>• incorrect diagnosis(es) for CRG 3 (e.g. Substance Abuse diagnosis only)</li> <li>• incorrect data entry</li> </ul>
<b>C32</b>	<b>Invalid CRG=4, for Principal / Secondary Diagnosis</b>	<ul style="list-style-type: none"> <li>• incorrect diagnosis(es) for CRG 4 (e.g. Substance Abuse diagnosis only)</li> <li>• incorrect data entry</li> </ul>
<b>C33</b>	<b>Invalid CRG=5, for Principal / Secondary Diagnosis</b>	<ul style="list-style-type: none"> <li>• incorrect diagnosis(es) for CRG 5 (e.g. diagnosis(es) not Substance Abuse, Developmental Disorder, or V-Code)</li> <li>• incorrect data entry</li> </ul>
<b>C34</b>	<b>Incorrect Match to TDMHDD Provider Master File</b>	<ul style="list-style-type: none"> <li>• incorrect rater SSN</li> <li>• rater not approved by TDMHDD</li> <li>• rater approved but not in TDMHDD database</li> <li>• entered Agency EIN number instead of rater SSN</li> <li>• location code incorrect/invalid</li> <li>• incorrect data entry</li> </ul>
<b>C35</b>	<b>Incorrect Match to TennCare Master File by SSN or Name or DOB</b>	<ul style="list-style-type: none"> <li>• information about consumer does not match TennCare information</li> </ul>
<b>C36</b>	<b>Invalid/Missing Value for</b>	<ul style="list-style-type: none"> <li>• left blank (if indicated “YES” on</li> </ul>

	<b>Duration Item #15</b>	<b>Severe Impairment, this item must be answered)</b> <ul style="list-style-type: none"> <li>• incorrect data entry</li> </ul>
<b>C37</b>	<b>Invalid/Missing Value for Formerly Severely Impaired</b>	<ul style="list-style-type: none"> <li>• left blank (if answered “NO” to Severe Impairment, this item must be answered)</li> <li>• incorrect data entry</li> </ul>
<b>C38</b>	<b>Invalid/Missing Value for Relapse Prevention</b>	<ul style="list-style-type: none"> <li>• left blank (if answered “YES” to Formerly Severely Impaired, this item must be answered)</li> <li>• incorrect data entry</li> </ul>
<b>C39</b>	<b>CRG Assessment Determination Code (#18) does not equal Computed CRG Assessment Determination Code</b>	<ul style="list-style-type: none"> <li>• incorrect CRG group selected based on information given on Assessment</li> <li>• incorrect data entry</li> </ul>
<b>C40</b>	<b>CRG Assessment with Invalid/Missing Value for the Formerly Severely Impaired (#16)</b>	<ul style="list-style-type: none"> <li>• left blank or answered “NO” (must be “YES” if determined CRG Group (#18) will result in individual moving from CRG 1, 2 or 3 to CRG 4 or 5)</li> </ul>
<b>C41</b>	<b>CRG Assessment Determination Code (#18) will result in Loss of Benefits</b>	<ul style="list-style-type: none"> <li>• CRG will result in consumer moving from CRG 1, 2 or 3 (Priority Population) to CRG 4 or 5 (Non-priority Population).</li> </ul>

Resolution of problems or assistance on difficult cases should be referred to the agency TPG/CRG coordinator or his/her designee. If needed, other assistance can be obtained from the TDMHDD Assessment Unit.

# **Appendix A**

# CRG SURVEY: Additional Guidelines for Assessing Level of Functioning

## IMPAIRMENT IN ACTIVITIES OF DAILY LIVING

### General Guidelines:

Use this scale to assess the level of functional impairment in activities of daily living due to mental illness. Assess the need for assistance to perform routine daily activities, initiative, danger to survival without support and the ability to complete tasks. Consider activities such as cleaning, shopping, taking public transportation, paying bills, maintaining a residence, grooming or hygiene, using telephones and directories, using a post office and the like. Also taken into account are the individual's independence, appropriateness and effectiveness in executing these skills, as well as the ability to initiate and participate in such activities without supervisor or direction.

EXTREME	MARKED	MODERATE	MILD	NONE
Person shows total dependence requires constant assistance or supervision in most areas.	Assistance NECESSARY to survival in the community.	Although can survive without supervision or assistance, does better with it.	Could BENEFIT from some professional assistance.	Would not singly draw attention to him/herself
Without assistance there would be a failure to thrive.		Has regular problems with performing daily routine activities, e.g., would go to store, but would need help to get the appropriate provisions.		Would not affect "normal" functioning
Extreme dysfunction that may endanger person's survival		Assistance is required to perform up to acceptable standards or to complete tasks appropriately.		Not "perfect", but within normal, expected limits.
Danger to survival includes behavior				Would not elicit offer of professional assistance.

# CRG SURVEY: Additional Guidelines for Assessing Level of Functioning

## IMPAIRMENT IN INTERPERSONAL FUNCTIONING

### General Guidelines:

Use this scale to assess the level of functional impairment in interpersonal skills due to mental illness. Assess to what extent isolation/withdrawal and aggression have impacted life pursuits. Consider capacity to interact appropriately and communicate effectively with others, and get along with family and community. Deficits are reflected in history of altercations, evictions or firings, fear of strangers, avoidance of interpersonal relationships and social isolation. Strengths are reflected in ability to initiate social contact, participate actively in groups, cooperative behavior, and sensitivity to others' feelings.

EXTREME	MARKED	MODERATE	MILD	NONE
Complete isolation, total withdrawal from others.	May cause destruction to property, threaten others, but overt physical aggression remains under some control.	Noticeable disruption in social relations, but can be helped to preserve self and achieve a proper resolution of conflicts.	Characteristic ways of relating to others are impaired but do not affect other areas of life.	Person manages self and interacts with others within expected social, developmental and cultural norm.
Inability to manage self and relate to others interferes with major life pursuits (work, school, family).	Social skills may allow work in a highly supervised setting.	Persistent difficulties, cannot manage self and others without assistance.		Behavior is not remarkable or noticeable.
Social inadequacy is a source of major distress.		Inadequate social skills have serious negative impact on person's life. However, some social roles are maintained, possible with support.		Would not elicit offer of professional assistance.
Capable of actions that harms others intentionally, and without apparent provocation.	May be verbally abusive, over reacting to even mild provocations. Assistance is needed to keep behavior from having a serious negative impact on a person's life goals.		Social function does not impede normal life tasks such as schoolwork.	

# CRG SURVEY: Additional Guidelines for Assessing Level of Functioning

## IMPAIRMENT IN CONCENTRATION, TASK PERFORMANCE AND PACE

### General Guidelines:

Use this scale to assess the level of functional impairment in concentration, task performance and pace due to mental illness. Specifically assess the ability to perform short, simple routine tasks. Ability to concentrate and perform should be looked at independently of motivation or skill level. Consider ability to sustain focused attention for a long enough time to permit the completion of tasks commonly found in work, school, home, volunteer work, hobbies and other routine activities in structured settings. Deficits are reflected in inability to concentrate, complete simple tasks within the required time, committing frequent errors or requiring assistance in completion of such tasks.

EXTREME	MARKED	MODERATE	MILD	NONE
Complete inability to process information (no short-term memory, short attention span).	Could only work in a highly supervised setting.	Person can complete tasks but not in a timely fashion.	Person is self-limiting, may manage, but is in distress.	Functions well within expected limits.
Impaired task performance, interferes with ADL and poses threat to survival (safety issues).	Can only participate in activities with supervision.	Need for prompting and help.		Unremarkable task performance, appropriate for ability, age, education and environmental variation (within situational stress expectations).
Impairment precludes work or school		Person can minimally function in a competitive workplace, although needs assistance and may find the experience stressful		No observable difficulties in sustaining concentration needed to complete tasks.
Person needs total assistance to complete the simplest task.		Person becomes overwhelmed by added demands or increasing task complexity.  Impairment begins to paralyze, but assistance enabled continued work.		Able to function in a competitive workplace without assistance.

# CRG SURVEY: Additional Guidelines for Assessing Level of Functioning

## IMPAIRMENT IN ADAPTATION TO CHANGE

### General Guidelines:

Use this scale to assess the level of functional impairment in adaptation to change due to mental illness. Consider repeated failure to adapt to stressful circumstances associated with work, school, family, service provider or social interaction. Any unexpected environment change may cause agitation or exacerbation of signs and symptoms associated with the illness, or withdrawal from the stressful situation.

EXTREME	MARKED	MODERATE	MILD	NONE
No tolerance for any change.	Some self-damaging consequences resulting from inability to cope with change.	Noticeable difficulty in accepting and adjusting to change. Difficulty may require some intervention.	Some distress beyond expectations, need for minimal support.	Person has no difficulty in reasonable adaptation to change within developmental and cultural norms.
Reaction to change may be violent or seriously self-damaging, and may include suicidal behavior.		Person can adjust, but expresses a lot of distress and may need help in coping.		
Reaction to environmental change sets off marked or extreme dysfunction in other areas.		Job performance is affected beyond reasonable expectations by exaggerated, unreasonable, rigid and/or chaotic responses to change.		
Requires hospitalization or protective environment to get through crisis brought about by change.		"Adaptations" are dysfunctional and result in need for intervention.		

## **Appendix B**

**Please see attached document for TPG form dated 4/1/20**

# **Appendix C**

**Please see attached document for CRG form dated 4/1/2004**

# **Appendix D**

**Target Population Group Assessment  
Record Layout**

Field Name	Length	From/To	Type	Value(s)	* Required
Record ID Type	1	1	A	T=TPG	*
Action Code	1	2	A	N,C,U	*
BHO ID Num	3	3-5	N	081, 082, 099	*
Consumer's SSN	9	6-14	N	See Data Dict.	*
First Name	10	15-24	A	A-Z	*
Middle Initial	1	25	A	A-Z, Spaces	
Last Name	19	26-44	A	A-Z	*
Date of Birth	8	45-52	N	MMDDCCYY	*
Principal Diagnosis At Assessment	5	53-57	A/N	See Data Dict.	*
Filler	1	58	A	Spaces	
Dual Princ/Second Diag At Assessment	5	59-63	A/N	See Data Dict.	
Filler	1	64	A	Spaces	
GAF At Assessment	3	65-67	N	000-100	*
GAF Highest	3	68-70	A/N	Spaces, 000- 100	
GAF Lowest	3	71-73	A/N	Spaces, 000- 100	
Severe Impairment	1	74	N	1,2	*
Children With SED	1	75	N	1,2	*
Environmental Factors	1	76	N	1,2,9	*
Level of Family Dysfunction	1	77	N	1,2,9	*
Traumatic Events	1	78	N	1,2,9	*
Social Skills	1	79	N	1,2,9	*
Abuse Neglect	1	80	N	1,2,9	*
At Risk of SED	1	81	N	1,2	*
Determine TPG	1	82	N	2-4	*
Reason for Assessment	2	83-84	N	01-14	*
Date of Request	8	85-92	N	MMDDCCYY	
Date of Assessment	8	93-100	N	MMDDCCYY	*
Adequate Info	1	101	N	1-3	*
Filler	9	102-110	A	Spaces	
TennCare Provider Number	15	111-125	A/N	A-Z, 0-9	*
Program Code	1	126	A	S,J,T,U	
Filler	12	127-138	A	Spaces	
Creation Date	8	139-146	N	MMDDCCYY	*
Creation Time	4	147-150	N	HHMM	*

**Clinically Related Group Assessment  
Record Layout**

<b>Field Name</b>	<b>Length</b>	<b>From/To</b>	<b>Type</b>	<b>Value(s)</b>	<b>* Required</b>
Record ID Type	1	1	A	T=TPG	*
Action Code	1	2	A	N,C,U	*
BHO ID Num	3	3-5	N	081, 082, 099	*
Consumer's SSN	9	6-14	N	See Data Dict.	*
First Name	10	15-24	A	A-Z	*
Middle Initial	1	25	A	A-Z, Spaces	
Last Name	19	26-44	A	A-Z	*
Date of Birth	8	45-52	N	MMDDCCYY	*
Principal Diagnosis At Assessment	5	53-57	A/N	See Data Dict.	*
Filler	1	58	A	Spaces	
Dual Princ/Second Diag At Assessment	5	59-63	A/N	See Data Dict.	
Filler	1	64	A	Spaces	
GAF At Assessment	3	65-67	N	000-100	*
GAF Highest	3	68-70	A/N	Spaces, 000-100	
GAF Lowest	3	71-73	A/N	Spaces, 000-100	
Activities of Daily Living	1	74	N	1-5	*
Interpersonal Functioning	1	75	N	1-5	*
Concentration Task Pace	1	76	N	1-5	*
Adaptation to Change	1	77	N	1-5	*
Severe Impairment	1	78	N	1,2	*
Duration	1	79	N	1,2,9	*
Former Impairment	1	80	N	1,2,9	*
Needs Srvs to Prev Relapse	1	81	N	1,2,9	*
Determine CRG	1	82	N	1-5	*
Reason for Assessment	2	83-84	N	01-15	*
Date of Request	8	85-92	N	MMDDCCYY	
Date of Assessment	8	93-100	N	MMDDCCYY	*
Adequate Info	1	101	N	1-3	*
Filler	9	102-110	A	Spaces	
TennCare Provider Number	15	111-125	A/N	A-Z, 0-9	*
Program Code	1	126	A	S,J,T,U	
Filler	12	127-138	A	Spaces	
Creation Date	8	139-146	N	MMDDCCYY	*
Creation Time	4	147-150	N	HHMM	*

# **Appendix E**

**Target Population Group Assessment/Error  
Record Layout**

<b>Field Name</b>	<b>Length</b>	<b>From/To</b>	<b>Type</b>	<b>Value(s)</b>	<b>* Required</b>
Record ID Type	1	1	A	T=TPG	*
Action Code	1	2	A	N,C,U	*
BHO ID Num	3	3-5	N	081, 082, 099	*
Consumer's SSN	9	6-14	N	See Data Dict.	*
First Name	10	15-24	A	A-Z	*
Middle Initial	1	25	A	A-Z, Spaces	
Last Name	19	26-44	A	A-Z	*
Date of Birth	8	45-52	N	MMDDCCYY	*
Principal Diagnosis At Assessment	5	53-57	A/N	See Data Dict.	*
Filler	1	58	A	Spaces	
Dual Princ/Second Diag At Assessment	5	59-63	A/N	See Data Dict.	
Filler	1	64	A	Spaces	
GAF At Assessment	3	65-67	N	000-100	*
GAF Highest	3	68-70	A/N	Spaces, 000- 100	
GAF Lowest	3	71-73	A/N	Spaces, 000- 100	
Severe Impairment	1	74	N	1,2	*
Children With SED	1	75	N	1,2	*
Environmental Factors	1	76	N	1,2,9	*
Level of Family Dysfunction	1	77	N	1,2,9	*
Traumatic Events	1	78	N	1,2,9	*
Social Skills	1	79	N	1,2,9	*
Abuse Neglect	1	80	N	1,2,9	*
At Risk of SED	1	81	N	1,2	*
Determine TPG	1	82	N	2-4	*
Reason for Assessment	2	83-84	N	01-14	*
Date of Request	8	85-92	N	MMDDCCYY	
Date of Assessment	8	93-100	N	MMDDCCYY	*
Adequate Info	1	101	N	1-3	*
Filler	9	102-110	A	Spaces	
TennCare Provider Number	15	111-125	A/N	A-Z, 0-9	*
Program Code	1	126	A	S,J,T,U	
Filler	12	127-138	A	Spaces	
Creation Date	8	139-146	N	MMDDCCYY	*
Creation Time	4	147-150	N	HHMM	*

**Clinically Related Group Assessment/Error  
Record Layout**

<b>Field Name</b>	<b>Length</b>	<b>From/To</b>	<b>Type</b>	<b>Value(s)</b>	<b>* Required</b>
Record ID Type	1	1	A	T=TPG	*
Action Code	1	2	A	N,C,U	*
BHO ID Num	3	3-5	N	081, 082, 099	*
Consumer's SSN	9	6-14	N	See Data Dict.	*
First Name	10	15-24	A	A-Z	*
Middle Initial	1	25	A	A-Z, Spaces	
Last Name	19	26-44	A	A-Z	*
Date of Birth	8	45-52	N	MMDDCCYY	*
Principal Diagnosis At Assessment	5	53-57	A/N	See Data Dict.	*
Filler	1	58	A	Spaces	
Dual Princ/Second Diag At Assessment	5	59-63	A/N	See Data Dict.	
Filler	1	64	A	Spaces	
GAF At Assessment	3	65-67	N	000-100	*
GAF Highest	3	68-70	A/N	Spaces, 000-100	
GAF Lowest	3	71-73	A/N	Spaces, 000-100	
Activities of Daily Living	1	74	N	1-5	*
Interpersonal Functioning	1	75	N	1-5	*
Concentration Task Pace	1	76	N	1-5	*
Adaptation to Change	1	77	N	1-5	*
Severe Impairment	1	78	N	1,2	*
Duration	1	79	N	1,2,9	*
Former Impairment	1	80	N	1,2,9	*
Needs Srvs to Prev Relapse	1	81	N	1,2,9	*
Determine CRG	1	82	N	1-5	*
Reason for Assessment	2	83-84	N	01-15	*
Date of Request	8	85-92	N	MMDDCCYY	
Date of Assessment	8	93-100	N	MMDDCCYY	*
Adequate Info	1	101	N	1-3	*
Filler	9	102-110	A	Spaces	
TennCare Provider Number	15	111-125	A/N	A-Z, 0-9	*
Program Code	1	126	A	S,J,T,U	
Filler	12	127-138	A	Spaces	
Creation Date	8	139-146	N	MMDDCCYY	*
Creation Time	4	147-150	N	HHMM	*

# **Appendix F**

## TPG EDIT ERROR MESSAGES

T01	Invalid Record Type 'not = T'
T02	Invalid Action Code 'not = N or C or U'
T03	Invalid BHO number 'not = 081 or 082 or 099 or missing'
T04	Invalid Consumer SSN (current) 'see data dictionary'
T05	First/Last Name Missing
T06	Invalid Date of Birth (current)
T07	DOB (current) not LE 17 years
T08	Invalid Principal Diagnosis 'see data dictionary'
T09	Invalid Secondary Diagnosis 'see data dictionary'
T10	Invalid GAF Current 'not = 000-100'
T11	Invalid GAF Highest 'not = 100-100 not=spaces'
T12	Invalid GAF Lowest 'not = 000-100 or not=spaces'
T13	Invalid Severe Impairment 'not = 1 or 2'
T14	Invalid Children with SED 'not = 1 or 2'
T15	Invalid Environmental Factors 'not = 1 or 2 or 9'
T16	Invalid Level Family Dysfunction 'not = 1 or 2 or 9'
T17	Invalid Traumatic Events 'not = 1 or 2 or 9'
T18	Invalid Social Skills 'not = 1 or 2 or 9'
T19	Invalid Abuse Neglect 'not =1 or 2 or 9'
T20	Invalid At Risk of SED 'not = 1 or 2'
T21	Invalid Determined TPG 'not = 2 – 4'
T22	Invalid Reason for Assessment 'not – 04 – 14'
T23	Invalid Date of Request
T24	Invalid Date of Assessment
T25	Invalid Adequate Information 'not = 1 – 3'

T26	Missing TennCare Provider Number
T27	Invalid TennCare Provider Number
T28	Invalid Program Code 'not = S or J or U or T'
T29	Invalid TPG = 2, Child SED not = Yes
T30	Invalid TPG = 3, Child SED not = No or Risk SED not = Yes
T31	Invalid TPG = 4, Child SED not = No or Risk SED not = NO
T32	Invalid Principal/Secondary Diagnosis for Child SED = Yes
T33	GAF score is <u>not</u> lower than 51, thus TPG Assessment Determination Code <u>cannot</u> be Group 2
T34	Incorrect Match to TDMHDD Provider Master File
T35	Incorrect Match to TennCare Master File by SS# or Name or Date of Birth
T36	TPG Assessment Determination Code (#21) will result in Loss of Benefits (To verify loss of benefits and re-process the TPG assessment, you must follow "Procedures for Disenrollment from the Priority Population")
T37 – T49	Error Codes not used at this time.
T50	Action Code Not Recognized Any action code: ● action code in the transaction not = N, C, U
T51	Currently not in use
T52	Currently not in use
T53	Consumer Does Not Exist in BHO Master Any action: ● consumer does not exist
T54	TPG Segment Does Not Exist Action code C, U: ● assessment date in TPG segment in master = zero
T55	TPG Segment Already Exists Action code N: ● assessment date in TPG segment in master not = zero
T56	Assessment Date Not Valid Any action code: ● assessment date in the transaction not valid or ● assessment date is greater than transaction date Invalid date criteria: ● date not numeric ● century not 18 – 20 ● month not 01 – 12 ● day not 01 – 31 ● February and (day is greater than 29 or day = 29 and not leap yaer) day = 31 and Apr/Jun/Sep/Nov ● date is greater than systems date
T57	Request Date Not Valid Any action code: ● request date in the transaction not valid or ● request date is greater than transaction date

	Invalid date criteria: <ul style="list-style-type: none"> <li>● date not numeric</li> <li>● century not 18 – 20</li> <li>● month not 01 – 12</li> <li>● day not 01 – 31</li> <li>● February and (day is greater than 29 or day = 29 and not leap yaer) day = 31 and Apr/Jun/Sep/Nov</li> <li>● date is greater than systems date</li> </ul>
T58	Transaction Date Not Valid Any action code: <ul style="list-style-type: none"> <li>● transaction date not valid</li> </ul> Invalid date criteria: <ul style="list-style-type: none"> <li>● date not numeric</li> <li>● century not 18 – 20</li> <li>● month not 01 – 12</li> <li>● day not 01 – 31</li> <li>● February and (day is greater than 29 or day = 29 and not leap yaer) day = 31 and Apr/Jun/Sep/Nov</li> <li>● date is greater than systems date</li> </ul>
T59	Assessment Date < Intake Date Any action code: <ul style="list-style-type: none"> <li>● assessment date in the transaction is less than intake date in intake segment in master.</li> </ul>
T60	Assessment Date > Discontinuation Date Any action code: <ul style="list-style-type: none"> <li>● assessment date in the transaction is greater than discontinuation date in discontinuation segment in master.</li> </ul>
T61	Assessment Date < Prior Assessment Date Action code U: <ul style="list-style-type: none"> <li>● assessment date in the transaction is less than assessment date in TPG segment in master</li> </ul>
T62	Age of Consumer Not < 18 at Assessment Date Any action code: <ul style="list-style-type: none"> <li>● assessment date in the transaction is not less than DOB in the transaction + 18 years</li> </ul>
T63	BHO ID Not Same In Master Any action code: <ul style="list-style-type: none"> <li>● BHO ID in the Transaction Not = BHO ID in Master</li> </ul>
T64	Transaction Date Not > Date In Master Any action code: <ul style="list-style-type: none"> <li>● transaction date is not greater than modification date in TPG segment in master.</li> </ul>

**Following TennCare Error codes/Messages occurred, during Update of Consumer CRG Assessment on TennCare Data Base:**

T4A	Assessment Code Invalid for Age 'Consumer Age greater than 18 yrs.'
T4B	Assessment Code Invalid for St/Only 'Assessed Code not valid for State Only Pgm.'
T4C	Assessed Date <Date on File 'Assessment Date Older than Current Assessment'
T4D	SSN – SSN Not Current 'Consumer SSN Not Current'
T4E	First Name on Update Rec. Not = Consumer First Name 'Invalid First Name for Consumer Match'
T4F	Last Name on Update Rec. Not = Consumer Last Name 'Invalid Last Name for Consumer Match'
T4G	Date of Birth on Update Rec. Not = Consumer Date of Birth 'Invalid Date of Birth for Consumer Match'
T4H	SSN on Update Rec. Not = Consumer SSN Invalid SSN for Consumer Match'
T4I	Consumer Eligible, Waiting BHO Assignment 'BHO Not Assigned on TennCare Data Base'
T4J	Consumer Not TC/BHO Eligible 'No Eligibility for Consumer'
T4K	Consumer Not Found 'No Match for Consumer on TennCare Data Base;
T4L	Program Code Downgrade of Benefits 'Assessed Code will cause Loss of Benefits'
T4M	Not Used at this Time
T4N	Downgrade in Benefits Disabled 'Consumer Loss of Benefits'
T4O	Assessment Code and Date Required 'Missing Assessment Code and or Date'
T4P	Assessment Date <960701 'Assessed Date Cannot Be Before 07/01/96'
T4Q	Assessment Date >Last Eligible Period 'No Current Eligibility Period for Assessed Date'
T4R	Assessment Date >Current Processing Date 'Assessment Date in the Future'

## CRG EDIT ERROR MESSAGES

C01	Invalid Record Type 'not = C'
C02	Invalid Action Code 'not = N or C or U'
C03	Invalid BHO number 'not = 081 or 082 or 099 or missing'
C04	Invalid Consumer SSN (current) 'see data dictionary'
C05	First/Last Name Missing
C06	Invalid Date of Birth (current)
C07	DOB (current) not GE 18 years
C08	Invalid Principal Diagnosis 'see data dictionary'
C09	Invalid Secondary Diagnosis 'see data dictionary'
C10	Invalid GAF Current 'not = 000-100'
C11	Invalid GAF Highest 'not = 100-100 not=spaces'
C12	Invalid GAF Lowest 'not = 000-100 or not=spaces'
C13	Invalid Activities of Daily Living 'not = 1 - 5'
C14	Invalid Interpersonal Functioning 'not = 1 - 5'
C15	Invalid Concentration Task 'not = 1 – 5'
C16	Invalid Adaptation to Change 'not = 1 - 5'
C17	Invalid Severe Impairment 'not = 1 or 2'
C18	Invalid Duration 'not = 1 or 2 or 9'
C19	Invalid Former Impairment 'not =1 or 2 or 9'
C20	Invalid Needs Services to Prevent Relapse 'not = 1 or 2 or 9'
C21	Invalid Determined CRG 'not = 1 – 5'
C22	Invalid Reason for Assessment 'not – 01 – 15'
C23	Invalid Date of Request <b>Not Applicable</b>
C24	Invalid Date of Assessment
C25	Invalid Adequate Information

	'not = 1 – 3'
C26	Missing TennCare Provider Number
C27	Invalid TennCare Provider Number
C28	Invalid Program Code <b>Not Applicable</b> 'not = S or J or U or T'
C29	Invalid CRG = 1, for Principal/Secondary Diagnosis
C30	Invalid CRG = 2, for Principal/Secondary Diagnosis
C31	Invalid CRG = 3, for Principal/Secondary Diagnosis
C32	Invalid CRG = 4, for Principal/Secondary Diagnosis
C33	Invalid CRG = 5, for Principal/Secondary Diagnosis
C34	Incorrect Match to TDMHDD Provider Master File <b>Not Applicable</b>
C35	Incorrect Match to TennCare Master File by SS# or Name or Date of Birth
C36	CRG Assessment with Invalid/Missing Value for the Duration Item (#15) 'must = Yes or No if Severe Functional Impairment (#14) = Yes'
C37	CRG Assessment with Invalid/Missing Value for the Formerly Severely Impaired (#16) 'must = Yes or No if Severe Impairment (#14) = No'
C38	CRG Assessment with Invalid/Missing Value for the Relapse Prevention (#17) 'must = Yes or No if Formerly Severely Impaired (#16) = Yes'
C39	CRG Assessment Determination Code (#18) does not equal Computed CRG Assessment Determination Code
C40	CRG Assessment with Invalid/Missing Value for the Formerly Severely Impaired (#16) 'Must = Yes – if CRG Assessment Determination code (#18) will result in Loss of Benefits'
C41	CRG Assessment Determination Code (#18) will result in Loss of Benefits (To verify Loss of Benefits and Re-process the CRG Assessment, you must follow "Procedures for Disenrollment from the Priority Population")
C42-C49	Error Codes not used at this time.
C50	Action Code Not Recognized Any action code: ● action code in the transaction not = N, C, U
C51	Currently not in use
C52	Currently not in use
C53	Consumer Does Not Exist in BHO Master Any action code: ● consumer does not exist
C54	CRG Segment Does Not Exist Action code C, U: ● assessment date in CRG segment in master = zero
C55	CRG Segment Already Exists Action code N: ● assessment date in CRG segment in master not = zero
C56	Assessment Date Not Valid Any action code:

	<ul style="list-style-type: none"> <li>● assessment date in the transaction not valid or</li> <li>● assessment date is greater than transaction date</li> </ul> Invalid date criteria: <ul style="list-style-type: none"> <li>● date not numeric</li> <li>● century not 18 – 20</li> <li>● month not 01 – 12</li> <li>● day not 01 – 31</li> <li>● February and (day is greater than 29 or day = 29 and not leap year)</li> <li>day = 31 and Apr/Jun/Sep/Nov</li> <li>● date is greater than systems date</li> </ul>
C57	Request Date Not Valid Any action code: <ul style="list-style-type: none"> <li>● request date in the transaction not valid or</li> <li>● request date is greater than transaction date</li> </ul> Invalid date criteria: <ul style="list-style-type: none"> <li>● date not numeric</li> <li>● century not 18 – 20</li> <li>● month not 01 – 12</li> <li>● day not 01 – 31</li> <li>● February and (day is greater than 29 or day = 29 and not leap yaer)</li> <li>day = 31 and Apr/Jun/Sep/Nov</li> <li>● date is greater than systems date</li> </ul>
C58	Transaction Date Not Valid Any action code: <ul style="list-style-type: none"> <li>● transaction date not valid</li> </ul> Invalid date criteria: <ul style="list-style-type: none"> <li>● date not numeric</li> <li>● century not 18 – 20</li> <li>● month not 01 – 12</li> <li>● day not 01 – 31</li> <li>● February and (day is greater than 29 or day = 29 and not leap yaer)</li> <li>day = 31 and Apr/Jun/Sep/Nov</li> <li>● date is greater than systems date</li> </ul>
C59	Assessment Date < Intake Date Any action code: <ul style="list-style-type: none"> <li>● assessment date in the transaction is less than intake date in intake segment in master.</li> </ul>
C60	Assessment Date > Discontinuation Date Any action code: <ul style="list-style-type: none"> <li>● assessment date in the transaction is greater than discontinuation date in discontinuation segment in master.</li> </ul>
C61	Assessment Date < Prior Assessment Date Action code U: <ul style="list-style-type: none"> <li>● assessment date in the transaction is less than assessment date in CRG segment in master</li> </ul>

C62	Age of Consumer Not < 18 at Assessment Date Any action code: ● assessment date in the transaction is not less than DOB in the transaction + 18 years
C63	BHO ID Not Same In Master Any action code: ● BHO ID in the Transaction Not = BHO ID in Master
C64	Transaction Date Not > Date In Master Any action code: ● transaction date is not greater than modification date in CRG segment in master.

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C4C	Assessed Date <Date on File 'Assessment Date Older than Current Assessment'
C4D	SSN – SSN Not Current 'Consumer SSN Not Current'
C4E	First Name on Update Rec. Not = Consumer First Name 'Invalid First Name for Consumer Match'
C4F	Last Name on Update Rec. Not = Consumer Last Name 'Invalid Last Name for Consumer Match'
C4G	Date of Birth on Update Rec. Not = Consumer Date of Birth 'Invalid Date of Birth for Consumer Match'
C4H	SSN on Update Rec. Not = Consumer SSN Invalid SSN for Consumer Match'
C4I	Consumer Eligible, Waiting BHO Assignment      Informational Error 'BHO Not Assigned on TennCare Data Base'
C4J	Consumer Not TC/BHO Eligible      Informational Error 'No Eligibility for Consumer'
C4K	Consumer Not Found 'No Match for Consumer on TennCare Data Base;
C4L	Program Code Downgrade of Benefits 'Assessed Code will cause Loss of Benefits'
C4M	Assessment Already Exist 'Assessment Equal to Current Assessment'
C4N	Downgrade in Benefits Disabled 'Consumer Loss of Benefits'
C4O	Assessment Code and Date Required 'Missing Assessment Code and or Date'
C4P	Assessment Date <960701 'Assessed Date Cannot Be Before 07/01/96'

C4Q	Assessment Date >Last Eligible Period                      Informational Error 'No Current Eligibility Period for Assessed Date'
C4R	Assessment Date >Current Processing Date 'Assessment Date in the Future'

# **Appendix G**

## Clinically Related Group Assessment Data Dictionary

The following data elements are in the same order as in the record layout. An alphabetized index is included at the end of the document.

All numeric fields should be right-justified and zero-filled unless otherwise specified in this document.

**RECORD-ID-TYPE** Code representing that this is a CRG record. Required value is always C.

**ACTION-CODE** A transaction type indicating the action to be taken with this record.

N Indicates an initial CRG assessment for the consumer  
C Indicates a correction to a CRG assessment for the consumer  
U Indicates an updated CRG assessment including six-month reassessments

**BHO-ID-NUMBER** Behavioral Health Organizations identification code which has been assigned by the TDMHDD.

081 Premier Behavioral Health Systems of Tennessee  
082 Tennessee Behavioral Health. Inc.  
099 Unknown - This value will not be accepted from a BHO. For TDMHDD use only

**CONSUMER'S-SSN** The correct social security number of the consumer.

**FIRST-NAME** The consumer's first name.

**MIDDLE-INITIAL** The first letter of the consumer's middle name.

**LAST-NAME** The consumer's last name.

**DATE-OF-BIRTH** The correct date of birth of the consumer.

**PRINCIPAL-DIAGNOSIS  
AT-ASSESSMENT** The consumer's principal diagnosis at the time of the CRG assessment from Axis I or Axis II of the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV), of the American Psychiatric Association. For multi-axial diagnoses involving Axis I and Axis II, the diagnosis which is most prominent must be entered as the PRINCIPAL-DIAGNOSIS-AT-ASSESSMENT.

NOTES:

All diagnostic fields should accept alphanumeric data.

All diagnostic fields should be left-justified.

A decimal is implied between positions 3 and 4.

If the diagnostic code, subtype, and specifier do not total 5 positions, enter SPACES in the missing position(s). For example, the DSM-IV code for Antisocial Personality Disorder is 301.7; this should be entered as 3017- (=space-do not enter symbol).

For "V" Code diagnoses, the "V" should be entered as such. For example, the DSM-IV code for Sibling Relational Problem is V61.8; this should be entered as V618.

DUAL-PRINC / SECOND

DIAG-AT-ASSESSMENT

The consumer's dual principal or secondary diagnosis at the time of the CRG assessment from Axis I or Axis II of the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV), of the American Psychiatric Association.

NOTES:

All diagnostic fields should accept alphanumeric data,

All diagnostic fields should be left-justified.

A decimal is implied between positions 3 and 4.

If the diagnostic code, subtype, and specifier do not total 5 positions, enter SPACES in the missing position(s). For example, the DSM-IV code for Antisocial Personality Disorder is 301.7; this should be entered as 3017- (=space-do not enter symbol).

For "V" Code diagnoses, the "V" should be entered as such. For example, the DSM-IV code for Sibling Relational Problem is V61.8; this should be entered as V618\_\_.

If a diagnosis is not applicable, enter SPACES in the remaining diagnostic fields.

GAF-AT ASSESSMENT

The consumer's functional assessment score at the time of the CRG assessment, as determined from the Global

Assessment of Functioning Scale, AXIS V, of the current Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association.

GAF-HIGHEST

The consumer's highest functional assessment score in the past six (6) months, as determined from the Global Assessment of Functioning Scale, AXIS V, of the current Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association.

NOTE:

Enter SPACES if unknown.

GAF-LOWEST

The consumer's lowest functional assessment score in the past six (6) months, as determined from the Global Assessment of Functioning Scale, AXIS V, of the current Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association.

NOTE:

Enter SPACES if unknown.

ACTIVITIES OF  
DAILY LIVING

The consumer's level of impairment in activities of daily living due to the consumer's mental illness.

- 1     **Extreme:** Consumer exhibits an inability to perform daily routine activities and requires constant assistance in most areas.
- 2     **Marked:** Consumer exhibits extensive problems with daily activities and requires frequent assistance.
- 3     **Moderate:** Consumer exhibits regular or frequent problems with performing routine activities and is unable to perform up to acceptable standards without frequent assistance.
- 4     **Mild:** Consumer exhibits some or occasional problems with performing daily routine activities and could benefit from some assistance.
- 5     **None:** Consumer has no problem performing daily routine activities without assistance.

Refer to the Tennessee CRG Manual and form for additional guidelines and definitions.

## INTERPERSONAL FUNCTIONING

The consumer's level of impairment in interpersonal functioning due to the consumer's mental illness.

- |   |                  |   |
|---|------------------|---|
| 1 | <b>Extreme:</b>  | Consumer is isolated in the community; has no support network and/or no ability to take part in social activities, manage self in relationships with others.  |
| 2 | <b>Marked:</b>   | Consumer is isolated in the community and has substantial impairment in their ability to take part in social activities or manage self in relationships with others; consumer relies on mental health professionals or mental health services for social support. |
| 3 | <b>Moderate:</b> | Consumer has limited integration into community life.   |
| 4 | <b>Mild:</b>     | Consumer has partial integration into community life.   |
| 5 | <b>None:</b>     | Consumer has full integration into community life.  |

Refer to the Tennessee CRG Manual and form for additional guidelines and definitions.

## CONCENTRATION TASK-PACE

The consumer's level of impairment in concentration, task performance, and pace due to the consumer's mental illness.

- |   |                  |  |
|---|------------------|--|
| 1 | <b>Extreme:</b>  | Consumer is unable to complete simple tasks.   |
| 2 | <b>Marked:</b>   | Consumer is seldom able to concentrate and has extensive difficulty completing simple tasks without assistance.                                    |
| 3 | <b>Moderate:</b> | Consumer exhibits regular or frequent difficulty with concentration and can complete simple tasks.   |
| 4 | <b>Mild:</b>     | Consumer exhibits some or occasional difficulty with ability to concentrate and can complete simple tasks within time frames with some assistance. |
| 5 | <b>None:</b>     | Consumer exhibits the ability to concentrate and can complete simple tasks within set time frames with few errors and without assistance.          |

Refer to the Tennessee CRG Manual and form for additional guidelines and definitions.

ADAPTATION  
TO CHANGE

The consumer's level of impairment in adapting to change due to the consumer's mental illness.

- 1      **Extreme:**    Consumer exhibits no tolerance for any change.
- 2      **Marked:**     Consumer exhibits extensive difficulty in adjusting to change.
- 3      **Moderate:**   Consumer exhibits regular or frequent difficulty in accepting and adjusting to change.
- 4      **Mild:**        Consumer exhibits some or occasional difficulty in accepting and adjusting to change.
- 5      **None:**        Consumer exhibits the ability to reasonably adapt to change within developmental and cultural norms.

Refer to the Tennessee CRG Manual and form for additional guidelines and definitions.

SEVERE  
IMPAIRMENT

The consumer's severity of impairment due to the consumer's mental illness.

Referencing the previous four attributes;  
If the value in all four attributes is three **or**  
If the value in three attributes is three and the remaining attribute is one or two **or** If the value in two attributes is two or  
If the value in one attribute is one then,  
The value of SEVERE IMPAIRMENT is '1' .  
Otherwise the value of SEVERE IMPAIRMENT is '2'.  
1      Yes  
2      No

DURATION

Indicates if the duration of severe impairment accumulates to a total of six months over the past year.

- 1            Yes
- 2            No
- 9            Does not apply

FORMER-IMPAIRMENT

Indicates if the consumer was formerly severely impaired.  
This attribute is required if the SEVERE IMPAIRMENT attribute is a '2'..  
If the SEVERE IMPAIRMENT attribute is a '1' then the value is '9'.

- 1 Yes
- 2 No
- 9 Does not apply

NEEDS-SRVCS-TO

PREV-RELAPSE

Indicates if the consumer needs services to prevent a relapse. This attribute is required if the FORMER IMPAIRMENT attribute is a '1'.  
 If the FORMER IMPAIRMENT attribute is a '2' then the value is '9'.

- 1 Yes
- 2 No
- 9 Does not apply

DETERMINE CRG

This attribute represents the Clinically Related Group (CRG) of each individual. The rating represents the severity and the duration of their impairment.

- 1 Persons with severe and persistent mental illness: Persons in this group are recently severely impaired and the duration of their severe impairment totals six months or longer of the past year

If either the value of PRINCIPAL DIAGNOSIS AT ASSESSMENT or the value of the DUAL PRINC/SECOND DIAG AT ASSESSMENT is not a V-code diagnosis, is not in the following ranges: 291.0 - 292.9, 299.00 - 299.80, 303.00 - 305.90, 315.00 - 319, and is not equal to 799.9 and  
 If the value of SEVERE-IMPAIRMENT is 1; and  
 If the value of DURATION is 1, then  
 The value of DETERMINE-CRG is 1.

- 2 Persons with severe mental illness: Persons in this group are recently severely impaired and the duration of their severe impairment totals less than six months of the past year.

If either the value of PRINCIPAL DIAGNOSIS-AT -ASSESSMENT or the value of the DUAL-PRINC / SECOND DIAG-AT-ASSESSMENT is not a V-code diagnosis, is not in the following ranges: 291.0 - 292.9, 299.00 - 299.80, 303.00 - 305.90, 315.00 - 319, and is not equal to 799.9 and  
 If the value of SEVERE-IMPAIRMENT is 1 and  
 If the value of DURATION is 2, then

The value of DETERMINE-CRG is 2.

- 3 Persons who are formerly severely impaired: Persons in this group are not recently severely impaired but have been severely impaired in the past and need services to prevent relapse.

If either the value of PRINCIPAL-DIAGNOSIS- AT-ASSESSMENT or the value of the DUAL-PRINC / SECOND DIAG-AT-ASSESSMENT is not a V-code diagnosis, is not in the following ranges: 291.0 - 292.9, 299.00 - 299.80, 303.00 - 305.90, 315.00 - 319, and is not equal to 799.9 and

If the value of SEVERE-IMPAIRMENT is 2 and

If the value of FORMER-IMPAIRMENT is 1, and

If the value of NEEDS-SRVCS-TO-PREV-RELAPSE is 1, then The value of DETERMINE-CRG is 3.

- 4 Persons with mild or moderate mental disorders: Persons in this group are not recently severely impaired and are not formerly severely impaired or are formerly severely impaired but do not need services to prevent relapse.

If either the value of PRINCIPAL-DIAGNOSIS- AT-ASSESSMENT or the value of the DUAL-PRINC / SECOND DIAG-AT-ASSESSMENT is not a V-code diagnosis, is not in the following ranges: 291.0 - 292.9, 299.00 - 299.80, 303.00 - 305.90, 315.00 - 319, and is not equal to 799.9 and

If the value of SEVERE-IMPAIRMENT is 2, and

If the value of FORMER-IMPAIRMENT is 2,

or

If either the value of PRINCIPAL-DIAGNOSIS-AT -ASSESSMENT or the value of the DUAL-PRINC / SECOND DIAG-AT-ASSESSMENT is not a V-code diagnosis, is not in the following ranges: 291.0 - 292.9, 299.00 - 299.80, 303.00 - 305.90, 315.00 - 319, and is not equal to 799.9 and

If the value of SEVERE-IMPAIRMENT is 2, and

If the value of FORMER-IMPAIRMENT is 1, and

If the value of NEEDS-SRVCS-TO-PREV-RELAPSE is 2,  
then the value of DETERMINE-CRG is 4.

- 5 Persons excluded from clinically related groups 1-4 based on diagnosis: Persons in this group are not in clinically related groups 1-4 as a result of their diagnosis. Regardless of any functional impairment, if all of the consumer's diagnosis(es) are in the following diagnostic groups, they are placed in group 5 : 1. substance-related disorders, 2. developmental disorders, 3. v-codes, 4. diagnosis deferred.

If the values of PRINCIPAL-DIAGNOSIS- AT-ASSESSMENT and DUAL PRINC/SECOND-DIAG-AT-ASSESSMENT are a V-code are in the following ranges: 291.0 - 292.9, 299.00 - 299.80, 303.00 - 305.90, 315.00-319, or are equal to 799.9 then

The value of DETERMINE-CRG is 5.

or

If the value of PRINCIPAL-DIAGNOSIS- AT-ASSESSMENT is a V-code, is in the following ranges: 291.0-292.9,299.00 - 299.80,303.00 - 305.90,315.00 - 319, or is equal to 799.9 and the DUAL-PRINC/SECOND-DIAGAT-ASSESSMENT is missing,

then

The value of DETERMINE-CRG is 5.

REASON FOR ASSESSMENT      The source of the CRG assessment request or the circumstance which requires that the CRG assessment be conducted.

- 01      Consumer requested CRG assessment
- 02      Family member requested CRG assessment for the consumer
- 03      Mental health care provider requested CRG assessment
- 04      Primary health care provider requested CRG assessment
- 05      TDMHMR requested CRG assessment
- 06      BHO requested CRG assessment
- 07      MCO requested CRG assessment
- 08      Six-month reassessment is due
- 09      Consumer is referred for a mental health service in the Enhanced Benefits Package (For currently enrolled participants in the TennCare Partners Program)
- 10      Consumer used 40 outpatient mental health benefits in a calendar year (For currently enrolled participants in the TennCare Partners Program)
- 11      Consumer used 15 consecutive inpatient psychiatric days in a calendar year (For currently enrolled participants in the TennCare Partners Program)
- 12      Consumer used 30 cumulative inpatient psychiatric days in a calendar year (For currently enrolled participants in the TennCare Partners Program)
- 13      Consumer has been admitted to an RMHI and is potentially eligible for Federal and/or State supported benefits (For persons not yet enrolled in the TennCare Partners Program)
- 14      Other.
- 15      Intake

DATE-OF-REQUEST              Indicates the date the CRG assessment was requested or the date when the criteria have been met which cause the assessment to be required.

DATE-OF-ASSESSMENT	Indicates the date the CRG assessment was completed.
ADEQUATE-INFO	<p>Indicates the extent of the information retrieved to complete the CRG assessment.</p> <p>1     <b>Minimal:</b> The rater has had few, if any, face-to-face contacts with the consumer over the last six months or is referring only to the clinical record for assessment information.</p> <p>2     <b>Adequate:</b> The rater has had several face-to-face contacts (at least monthly) with the consumer over the last six months and/or significant collateral information.</p> <p>3     <b>Substantial:</b> The rater has had significant face-to-face contact (daily or weekly interaction) with the consumer over the last six months or routine face-to-face contacts (at least monthly) with the consumer over the last twelve months.</p> <p>Note: The above definitions are general guidelines and each rater should consider all aspects of the consumer's case to judge the adequacy of their information.</p>
TENNCARE PROVIDER NUMBER	<p>The unique provider identification number within each BHO, as reported in the Provider Enrollment System. This must be a TDMHDD approved rater. The first nine digits will be the PROVIDER SSN followed by the LOCATION NUMBER followed by SERVICE COMPONENT followed by the last two significant digits of the BHO ID NUMBER.</p> <p>Note: For all CRG records the value of the SERVICE COMPONENT field <u>within</u> the TENNCARE PROVIDER ID (the 12<sup>th</sup> and 13<sup>th</sup> position) must be 51.</p>
PROGRAM CODE	<p>Code to indicate the status of the consumer.</p> <p>S     State Only</p> <p>J     Judicial</p> <p>T     TennCare Eligible</p> <p>U     TDMHDD Certified Uninsurable (This value will not be acceptable from a BHO; it is for TDMHDD use only)</p>
CREATION DATE	Indicates the system's creation date of each CRG record

CREATION TIME

Indicates the system's creation time of each CRG record

## ALPHABETIZED INDEX

### -A-

ACTION CODE	1
ACTIVITIES OF DAILY LIVING	3
ADAPTATION TO CHANGE	4
ADEQUATE INFO	7

### -B-

BHO ID NUMBER	1
---------------	---

### -C-

CONCENTRATION TASK PACE	3
CONSUMER'S SSN	1
CREATION DATE	8
CREATION TIME	8

### -D-

DATE OF ASSESSMENT	7
DATE OF BIRTH	1
DATE OF REQUEST	7
DETERMINE CRG	5
DUAL PRINC/SECOND DIAG AT ASSESSMENT	2
DURATION	4

### -F-

FIRST NAME	1
FORMER IMPAIRMENT	4

### -I-

INTERPERSONAL FUNCTIONING	3
---------------------------	---

### -L-

LAST NAME	1
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### -M-

MIDDLE INITIAL	1
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### -N-

NEEDS SERVICES TO PREV RELAPSE	5
--------------------------------	---

### -P-

PRINCIPAL DIAGNOSIS AT ASSESSMENT	1
PROGRAM CODE	7

**-G-**

GAF CURRENT	2
GAF HIGHEST	2
GAF LOWEST	2

**-R-**

REASON FOR ASSESSMENT	6
RECORD ID TYPE	1

**-S-**

SEVERE IMPAIRMENT	4
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**-T-**

TENNCARE PROVIDER NUMBER	7
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## Appendix H



# RATER TRAINING VERIFICATION FORM

AGENCY: \_\_\_\_\_

DATE TRAINED	TEST/NEW	NAME	SSN	DEGREE	LICENSE NUMBER	JOB TITLE	ASSIGNED AGENCY	TPG/CRG/ BOTH

I HEREBY CERTIFY THAT I HAVE TRAINED AND EVALUATED THE ABOVE INDIVIDUALS ON THE DATE INDICATED. I CERTIFY THAT THEY HAVE PASSED THE COMPTENECY TEST AND ARE COMPETENT TO COMPLETE TPG/CRG ASSESSMENTS. I HAVE VERIFIED THAT THEY MEET THE MINIMUM EDUCATIONAL/PROFESSIONAL REQUIREMENTS TO COMPLETE TPG/CRG ASSESSMENTS.

TRAINER \_\_\_\_\_

DATE \_\_\_\_\_

I HEREBY CERTIFY THAT THE ABOVE NAMED INDIVIDUALS RECEIVED TRAINING ON HOW TO COMPLETE TPG/CRG ASSESSMENTS FROM AN APPROVED TRAINER. I CERTIFY THAT AN APPROVED COMPETENCY TEST WAS USED TO ASSESS RATER KNOWLEDGE OF ASSESSMENTS AND THAT THESE INDIVIDUALS PASSED THE COMPETENCY TEST.

EXECUTIVE DIRECTOR/CHIEF OFFICER \_\_\_\_\_

DATE \_\_\_\_\_

Please mail to: State of Tennessee

Department of Mental Health and Developmental Disabilities  
Assessment Unit  
Cordell Hull Building, 5<sup>th</sup> Floor  
425 5<sup>th</sup> Avenue North  
Nashville, Tennessee 37243-0675

# **Appendix I**

STATE OF TENNESSEE  
DEPARTMENT OF MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES  
ASSESSMENT UNIT  
CORDELL HULL BUILDING, 5<sup>TH</sup> FLOOR  
425 5<sup>TH</sup> AVENUE NORTH  
NASHVILLE, TENNESSEE 37243-0675

**RATER INFORMATION UPDATE FORM**

**RATER'S  
NAME** \_\_\_\_\_

**RATER'S SSN** \_\_\_\_\_ **DEGREE** \_\_\_\_\_

**TYPE OF APPROVAL:**    ☐ **CRG/TPG**    ☐ **TPG ONLY**    ☐ **CRG ONLY**

**REQUEST FOR NAME CHANGE**

**OLD NAME** \_\_\_\_\_  
**NEW NAME** \_\_\_\_\_

**DATE OF NAME CHANGE** \_\_\_\_\_

**REQUEST FOR ADDITION**

**(RATER RETAINS APPROVAL AT CURRENT AGENCY)**

**CURRENT AGENCY** \_\_\_\_\_

**NEW** \_\_\_\_\_  
**AGENCY** \_\_\_\_\_  
**BEGIN** \_\_\_\_\_  
**DATE** \_\_\_\_\_

**REQUEST FOR TRANSFER**

**(RATER'S APPROVAL AT CURRENT AGENCY ENDS)**

**CURRENT** \_\_\_\_\_  
**AGENCY** \_\_\_\_\_  
**END** \_\_\_\_\_  
**DATE** \_\_\_\_\_  
**NEW** \_\_\_\_\_  
**AGENCY** \_\_\_\_\_  
**BEGIN** \_\_\_\_\_

**DATE** \_\_\_\_\_

# REQUEST FOR END DATE

CURRENT AGENCY

LAST EMPLOYMENT \_\_\_\_\_ DATE \_\_\_\_\_ OF \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF RATER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF CRG COORDINATOR

\_\_\_\_\_  
DATE

The Rater must sign this form for any Transfer request.

# **Appendix J**

**State of Tennessee  
Department of Mental Health & Developmental Disabilities  
Assessment Unit  
425 5<sup>th</sup> Avenue North  
5<sup>th</sup> Floor, Cordell Hull Building  
Nashville, Tennessee 37243**

**Application for Exception to the Minimum  
Requirements for TPG/CRG Raters**

An exception to the minimum case management requirements is being requested for the following individual. The minimum requirements are as follows:

- Mental health case managers must have at least a bachelor's degree or must be licensed or certified as a nurse. The agency must ensure that all staff providing service have the necessary skill, qualification, training and supervision.
  
- The minimum qualifications above shall not apply to those individuals who, as of July 22, 1996, were shown to be mental health case managers at TDMHMR-funded case management agencies.

Application is for exception to complete: ☐ CRGs ☐ TPGs ☐ TPGs and CRGs

Name:\_\_\_\_\_ SSN:\_\_\_\_\_

Agency:\_\_\_\_\_ Hire Date:\_\_\_\_\_

Job Title/Position:\_\_\_\_\_

Licenses/Certifications Held:\_\_\_\_\_ ☐ N/A

Date of Licensure/Certification:\_\_\_\_\_ ☐ N/A

Highest Educational Degree Earned:\_\_\_\_\_

Training/Experience: \_\_\_\_\_

Rationale for Exception: (please include job responsibilities that require the provision of Assessments, additional qualifications, work experience, previous training in providing Assessments, etc. You may attach additional pages if necessary.)

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I attest that the applicant will receive appropriate clinical supervision in the provision of TPG/CRG Assessments. I also understand that the applicant must successfully complete training and evaluation prior to completing any TPG or CRG Assessments.

\_\_\_\_\_  
Signature of Applicant / date

\_\_\_\_\_  
Signature of Clinical Director / date

\_\_\_\_\_  
Clinical Supervisor / date

Please send this form to:

**Tennessee Department  
of  
Mental Health & Developmental Disabilities  
Assessment Unit  
425 5<sup>th</sup> Avenue North  
5<sup>th</sup> Floor, Cordell Hull Building  
Nashville, Tennessee 37243**

# THE TENNESSEE CLINICALLY RELATED GROUP (CRG) FORM FOR ADULTS AGE 18 AND ABOVE

## IDENTIFYING INFORMATION

1. CHECK BOX THAT APPLIES:	CRG ASSESSMENT - INITIAL <input type="checkbox"/>	CRG ASSESSMENT - CORRECTION <input type="checkbox"/>	CRG ASSESSMENT - UPDATE <input type="checkbox"/>
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2. BHO ID NUMBER (IF KNOWN): <input type="text"/> <input type="text"/> <input type="text"/>	3. CONSUMER'S SSN: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4. CONSUMER'S FIRST NAME: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	5. CONSUMER'S MIDDLE INITIAL: <input type="text"/>
6. CONSUMER'S LAST NAME: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
7. CONSUMER'S DOB: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
8. PRINCIPAL DIAGNOSIS: <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	9. DUAL PRINCIPAL / SECONDARY DIAGNOSIS: <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

## FUNCTIONAL ASSESSMENT

Focus on the consumer's LOWEST level of functioning during the past one year and use the following functional impairment scales to describe the level of impairment due to mental illness. Enter the appropriate number in the corresponding box to the right. (See "Additional Guidelines for Assessing Level of Functioning" for the expanded criteria for each scale, if necessary.)

<b>10. ACTIVITIES OF DAILY LIVING:</b> Include activities such as cleaning; shopping; taking public transportation; paying bills; maintaining a residence; grooming and hygiene; using telephones and directories; using a post office; etc. Also taken into account is the individual's independence, appropriateness, and effectiveness in executing these skills, as well as the ability to initiate and participate in such activities without supervision or direction.	<input type="checkbox"/>
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EXTREME (1)	MARKED (2)	MODERATE (3)	MILD (4)	NONE (5)
Unable to perform any daily routine activities and requires constant assistance in most areas. Extreme dysfunction in this area may cause marked dysfunction in other areas.	Has extensive problems with performing daily routine activities and requires frequent assistance.	Has regular or frequent problems with performing daily routine activities and is unable to perform up to acceptable standards without frequent assistance.	Has some or occasional problems with performing daily routine activities and could benefit from some assistance.	Has no problem performing daily routine activities without assistance
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>11. INTERPERSONAL FUNCTIONING:</b> Capacity to interact appropriately and communicate effectively with others and get along with family and community. Deficits are reflected in history of altercations; evictions or firings; fear of strangers; avoidance of interpersonal relationships and social isolation. Strengths are reflected in ability to initiate social contact and to participate actively in groups, cooperative behavior, and consideration of and sensitivity to others' feelings.	<input type="checkbox"/>
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EXTREME (1)	MARKED (2)	MODERATE (3)	MILD (4)	NONE (5)
Isolated in the community; has no support network and/or no ability to take part in social activities or self manage in relationships with others and/or demonstrates extreme aggression with inability to control behavior.	Isolated in the community; uses agency staff or program for social support and/or has substantial impairment in the ability to take part in social activities or self manage in relationships with others and/or demonstrates aggressive episodes but can control behavior with assistance.	Limited integration in the community; little or no use of natural supports and/or marginal capacity to take part in a variety of social activities or manage self in relationship to others and/or demonstrates aggressive episodes with limited ability to self manage behavior.	Partial integration into community life; uses natural supports and/or participates in appropriate interaction with others within expected social, developmental, and cultural norms when engaged and/or demonstrates aggressive episodes with ability to self manage behavior.	Full integration into community life; uses natural supports and/or initiates appropriate interaction with others within expected social, developmental, and cultural norms and/or asserts self appropriately.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>12. CONCENTRATION, TASK PERFORMANCE, AND PACE:</b> Ability to sustain focused attention for long enough time to permit the completion of tasks commonly found in work settings or other structured situations in school and home. Deficits are reflected in inability to concentrate and/or complete simple tasks within required time; committing frequent errors; or requiring assistance in completing such tasks.	<input type="checkbox"/>
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EXTREME (1) Unable to complete simple tasks.	MARKED (2) Seldom able to concentrate and has extensive difficulty completing simple tasks without assistance.	MODERATE (3) Regular or frequent difficulty with concentration and can complete simple tasks within timeframes and/but needs prompting and help.	MILD (4) Some or occasional difficulty with the ability to concentrate and can complete simple tasks within timeframes with few errors and with some assistance.	NONE (5) Has ability to concentrate and can complete simple tasks within set timeframes with few errors and without assistance.

**13. ADAPTATION TO CHANGE:** Ability to cope with stressful circumstances associated with work, school, family, or social interaction. Deficits are reflected when any unexpected environmental change causes agitation; exacerbation of signs and symptoms associated with the illness; or withdrawal from the stressful situation. ☐

EXTREME (1) No tolerance for any changes; negative reaction may cause marked dysfunction in other areas.	MARKED (2) Extensive difficulty in adjusting to change; will require a significant amount of intervention.	MODERATE (3) Regular or frequent difficulty in accepting and adjusting to change; adaptation will require some intervention.	MILD (4) Some or occasional difficulty in accepting and adjusting to change; may need minimal support.	NONE (5) Able to reasonably adapt to change within developmental and cultural norms.

**14. SEVERITY OF IMPAIRMENT:** Referring to the above four scales (questions #10 - #13), is there MODERATE (3) impairment in all four areas OR MODERATE (3) impairment in three areas and EXTREME (1) or MARKED (2) in one area OR MARKED (2) impairment in at least two areas OR EXTREME (1) impairment in at least one area? (Check "YES" or "NO")

YES ☐ (GO TO #15)      NO ☐ (GO TO #16)

**15. DURATION:** Answer this question only if you checked "YES" for #14.  
Focus on the dysfunctional periods identified when you completed the level of functioning scales above (#10 - #13). Over the past year, did these periods of severe dysfunction accumulate to a total of six months duration or longer? (Check "YES" or "NO", skip questions #16 & #17 and go to question #18.)

YES ☐ (GO TO #18)      NO ☐ (GO TO #18)

**16. FORMERLY SEVERE:** If the person has not recently experienced severe functional impairment, i.e. checked "NO" for #14, has the consumer experienced periods of severe impairment in the past? (Check "YES" or "NO")

YES ☐ (GO TO #17)      NO ☐ (GO TO #18)

**17. NEEDS SERVICES TO PREVENT RELAPSE:** If you answered "YES" to #16, does the person need mental health services to prevent relapse?  
Mental health services are those services provided by mental health providers and include, but are not limited to: psychiatric services, therapy, case management, psychosocial rehabilitation, etc.

YES ☐ (GO TO #18)      NO ☐ (GO TO #18)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**18. DETERMINATION OF CONSUMER GROUP:** The description of each consumer group is given below, based on the diagnosis and on the answers to the preceding questions. Review the consumer's diagnosis. If the diagnosis(es) place the consumer in Group 5, check that box. Otherwise, following the criteria noted, check the box that represents the consumer's group.

☐ **GROUP 1 - Persons with Severe and Persistent Mental Illness:** Persons in this group are recently severely impaired ("YES" on question #14) and the duration of their severe impairment totals six months or longer of the past year ("YES" on question #15).

☐ **GROUP 2 - Persons with Severe Mental Illness:** Persons in this group are recently severely impaired ("YES" on question #14) and the duration of their severe impairment totals less than six months of the past year ("NO" on question #15).

☐ **GROUP 3 - Persons who are Formerly Severely Impaired:** Persons in this group are not recently severely impaired ("NO" to question # 14) but have been severely impaired in the past ("YES" to question #16) and need services to prevent relapse ("YES" to question #17).

☐ **GROUP 4 - Persons with Mild or Moderate Mental Disorders:** Persons in this group are not recently severely impaired ("NO" to question #14). These persons are either not formerly severely mentally ill ("NO" to question #16) or are formerly severely mentally ill ("YES" to question #16) and do not need services to prevent relapse ("NO" to question #17).

☐ **GROUP 5 - Persons who are not in clinically related groups 1-4 as a result of their diagnosis.** The diagnosis(es) of consumer's in this group include only: substance use disorders (DSM-IV-TR ranges: 291.0 - 292.9, 303.00 - 305.90), developmental disorders (DSM-IV-TR ranges: 299.00 - 299.80, 315.00 - 319), or V-codes (DSM-IV-TR range: V15.81 - V71.09).

**19. REASON FOR ASSESSMENT** (Check One)

- |  |   |
|--|---|
| <input type="checkbox"/> 01 Consumer requested CRG assessment  | <input type="checkbox"/> 02 Family member requested CRG assessment for the consumer   |
| <input type="checkbox"/> 03 Mental health care provider requested assessment   | <input type="checkbox"/> 04 Primary health care provider requested CRG assessment   |
| <input type="checkbox"/> 05 TDMHDD requested CRG assessment  | <input type="checkbox"/> 06 BHO requested CRG assessment  |
| <input type="checkbox"/> 07 MCO requested CRG assessment   | <input type="checkbox"/> 08 One year reassessment is due  |
| <input type="checkbox"/> 09 Consumer is referred for a mental health service in the Enhanced Benefits Package<br>(For currently enrolled participants in the TennCare Partners Program)                            | <input type="checkbox"/> 10 Consumer used 40 outpatient mental health benefits in a calendar year<br>(For currently enrolled participants in the TennCare Partners Program)     |
| <input type="checkbox"/> 11 Consumer used 15 consecutive inpatient psychiatric days in a calendar year<br>(For currently enrolled participants in the TennCare Partners Program)                                   | <input type="checkbox"/> 12 Consumer used 30 cumulative inpatient psychiatric days in a calendar year<br>(For currently enrolled participants in the TennCare Partners Program) |
| <input type="checkbox"/> 13 Consumer has been admitted to an RMHI and is potentially eligible for Federal and/or State supported benefits<br>(For persons not currently enrolled in the TennCare Partners Program) | <input type="checkbox"/> 14 Other   |
|  | <input type="checkbox"/> 15 Intake  |

**20. DATE OF REQUEST / CIRCUMSTANCE**  
(MM/DD/CCYY):

/    /

**21. DATE OF CRG ASSESSMENT**  
(MM/DD/CCYY):

/    /

**22. CONSUMER INFORMATION INDICATOR:**

Indicate the availability of consumer information for completing the CRG form.

☐ MINIMAL ☐ ADEQUATE ☐ SUBSTANTIAL

**23. CONSUMER'S CURRENT GAF:**  
at the time of assessment  
(This item must be completed)

**24. CONSUMER'S HIGHEST GAF:**  
within last one year  
(Not required if there is no previous GAF history)

**25. CONSUMER'S LOWEST GAF:**  
within last one year  
(Not required if there is no previous GAF history)

NOTES: \_\_\_\_\_

**26. PROGRAM CODE:** (Check one)

100% STATE SUPPORTED ☐ JUDICIAL ☐ UNINSURABLE ☐ TENNCARE ELIGIBLE ☐

**27. RATER'S TENNCARE PROVIDER ID NUMBER:**

**RATER'S PRINTED NAME:**

# THE TENNESSEE TARGET POPULATION GROUP (TPG) FORM FOR CHILDREN & ADOLESCENTS UNDER AGE 18

## IDENTIFYING INFORMATION

<b>1. CHECK BOX THAT APPLIES:</b> TPG ASSESSMENT - INITIAL <input type="checkbox"/> TPG ASSESSMENT - CORRECTION <input type="checkbox"/> TPG ASSESSMENT - UPDATE <input type="checkbox"/>		
<b>2. BHO ID NUMBER (IF KNOWN)</b> <input type="text"/> <input type="text"/> <input type="text"/>	<b>3. CONSUMER'S SSN:</b> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>4. CONSUMER'S FIRST NAME:</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>5. CONSUMERS MIDDLE INITIAL:</b> <input type="text"/>	
<b>6. CONSUMER'S LAST NAME:</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
<b>7. CONSUMER'S DOB:</b> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
<b>8. PRINCIPAL DIAGNOSIS:</b> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<b>9. DUAL PRINCIPAL / SECONDARY DIAGNOSIS:</b> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	

<b>10. CONSUMER'S CURRENT GAF:</b> <i>at the time of assessment</i> <i>(This item must be completed)</i> <div style="border: 1px solid black; width: 40px; height: 25px; margin: 5px; display: flex; align-items: center; justify-content: center;"> <input type="text"/> <input type="text"/> <input type="text"/> </div>	<b>11. CONSUMER'S HIGHEST GAF</b> <i>within past one year:</i> <i>(Leave blank if there is no previous GAF history)</i> <div style="border: 1px solid black; width: 40px; height: 25px; margin: 5px; display: flex; align-items: center; justify-content: center;"> <input type="text"/> <input type="text"/> <input type="text"/> </div>	<b>12. CONSUMER'S LOWEST GAF</b> <i>within past one year:</i> <i>(Leave blank if there is no previous GAF history)</i> <div style="border: 1px solid black; width: 40px; height: 25px; margin: 5px; display: flex; align-items: center; justify-content: center;"> <input type="text"/> <input type="text"/> <input type="text"/> </div>
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<b>13. SEVERITY OF IMPAIRMENT:</b> Referring to the CONSUMER'S CURRENT GAF (question #10), and the CONSUMER'S LOWEST GAF (question #12) above, is either GAF score lower than 51? (Check "YES" or "NO")	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>14. CHILDREN WITH A SERIOUS EMOTIONAL DISTURBANCE (SED)</b> Referring to the principal diagnosis or the dual principal / secondary diagnosis (question #8) and the two GAF scores previously referenced (questions #10 or #12), is the principal diagnosis or dual principal / secondary diagnosis a current valid DSM-IV-TR diagnosis ( <b>excluding:</b> <i>substance use disorders</i> (DSM-IV-TR ranges: 291.00 - 292.90, 303.00 - 305.90), <i>developmental disorders</i> (DSM-IV-TR ranges: 299.00 - 299.80, 315.00 - 319.00), or <i>V-codes</i> (DSM-IV-TR range: V15.81 - V71.09) <b>and</b> is either GAF score less than 51? (Check "YES" or "NO")	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>15. ENVIRONMENT ISSUES:</b> Has the child experienced residential disruption, such as multiple family separations, extended periods of homelessness, failed adoption, or out-of-home placement due to emotional disturbance, or is developmentally delayed due to a poor environment? (Check "YES" or "NO")	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>16. FAMILY ISSUES:</b> Do the child's parents, or persons responsible for care, have predisposing factors, such as severe and/or persistent mental illness, serious family dysfunction, a history of chronic substance abuse (drug or alcohol), or a history of persistent and severe physical illness or disability which creates significant hardship on the family system, that could result in their inability to make provisions for the ongoing physical, social, or emotional needs of their children? (Check "YES" or "NO")	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>17. TRAUMA ISSUES:</b> Has the child experienced a single or multiple physical or psychological traumatic events, such as loss of a parent or being a victim or witness of serious crime or domestic violence? (Check "YES" or "NO")	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>18. SOCIAL SKILLS ISSUES:</b> Does the child exhibit behavior or maturity that is significantly different from most children their age, and which is not the result of developmental disabilities or mental retardation? (Check "YES" or "NO")	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>19. ABUSE / NEGLECT ISSUES:</b> Has the consumer experienced physical, emotional or sexual abuse or neglect? (Check "YES" or "NO")	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>20. CHILDREN AT RISK OF SED:</b> Referring to the environment issues (question #15), family issues (question #16), trauma issues (question #17), social skills issues (question #18) and the abuse / neglect issues (question #19), is there a "YES" response to at least one of the questions? (Check "YES" or "NO")	YES <input type="checkbox"/>	NO <input type="checkbox"/>

**21. DETERMINATION OF CONSUMER GROUP:** The description of each consumer group is given below, based on the answers to the preceding questions.

Check the box that represents this person's group.

☐

**GROUP 2** - Persons who have a SED which has resulted in severe functional impairment. Persons whose principal diagnosis or dual-principal/secondary diagnosis is a current, valid DSM-IV-TR psychiatric diagnosis and are severely impaired ("YES" on question #14).

☐

**GROUP 3** - Persons who are at risk of a SED. Persons who do not have a current, valid DSM-IV-TR psychiatric diagnosis and / or are not severely impaired ("NO" on question #14) and are at risk of SED ("YES" on question #20).

☐

**GROUP 4** - Persons who do not meet the criteria of TPGs 2 or 3. Persons who do not have a current, valid DSM-IV-TR psychiatric diagnosis and / or are not severely impaired ("NO" on question #14) and are not at risk of a SED ("NO" on question #20).

**22. REASON FOR ASSESSMENT** (Check One)

01 ☐ Consumer requested TPG assessment

03 ☐ Mental health care provider requested assessment

05 ☐ TDMHDD requested TPG assessment

07 ☐ MCO requested TPG assessment

09 ☐ Consumer is referred for a mental health service in the Enhanced Benefits Package  
(For currently enrolled participants in the TennCare Partners Program)

11 ☐ Consumer is admitted to an inpatient psychiatric facility / unit  
(For currently enrolled participants in the TennCare Partners Program)

13 ☐ Other

02 ☐ Family member requested TPG assessment for the consumer

04 ☐ Primary health care provider requested TPG assessment

06 ☐ BHO requested TPG assessment

08 ☐ One year reassessment is due

10 ☐ Consumer used 40 outpatient mental health benefits in a calendar year  
(For currently enrolled participants in the TennCare Partners Program)

12 ☐ Consumer has been admitted to an RMHI and is potentially eligible for Federal and/or State supported benefits (For persons not yet enrolled in the TennCare Partners Program)

14 ☐ Intake

**23. DATE OF REQUEST / CIRCUMSTANCE**

(MM/DD/CCYY):

**24. DATE OF TPG ASSESSMENT**

(MM/DD/CCYY):

**25. CONSUMER INFORMATION INDICATOR:**

Indicate the availability of consumer information for completing the TPG form.

☐ MINIMAL

☐ ADEQUATE

☐ SUBSTANTIAL

**26. PROGRAM CODE :** (Check One)

100% STATE SUPPORTED ☐

JUDICIAL ☐

UNINSURABLE ☐

TENNCARE ELIGIBLE ☐

**27. RATER'S TENNCARE PROVIDER ID NUMBER:**

**RATER'S PRINTED NAME:** \_\_\_\_\_

NOTE: A TPG ASSESSMENT SHOULD BE COMPLETED ON CHILDREN IN THE STATE'S CUSTODY.

TPG FORM 4/1/2004